

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County SEWARD	Township name X	Fraction CE 1/2 SW 1/4	Section number 8	Town number 345	Range number 33W																																							
Distance and direction from nearest town or city: FROM N CITY <i>Limets of Liberal Kan Co No on 23</i> Street address of well location if in city: <i>Highway 2 mile 3/4 West 1/2 No.</i>				3 Owner of well: DA MAC Dry Co. Address: Box 1164 Great Bend Kan.																																									
Locate with "X" in section below:		Sketch map:		4 Well depth: 280 ft. Date of completion 9/16/75 Well diameter 9 in. 5" casing																																									
				5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary																																									
				6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Surface</td> <td>0</td> <td>7</td> </tr> <tr> <td>Fine Sand</td> <td>2</td> <td>80</td> </tr> <tr> <td>Small sand, Brown Clay</td> <td>80</td> <td>110</td> </tr> <tr> <td>Small Gravel Brown Clay</td> <td>110</td> <td>155</td> </tr> <tr> <td>Fine Sand Brown Clay</td> <td>155</td> <td>210</td> </tr> <tr> <td>Small Gravel Gravel</td> <td>210</td> <td>280</td> </tr> <tr> <td>White Clay</td> <td>280</td> <td>290</td> </tr> </tbody> </table>		2 Type and color of material	From	To	Surface	0	7	Fine Sand	2	80	Small sand, Brown Clay	80	110	Small Gravel Brown Clay	110	155	Fine Sand Brown Clay	155	210	Small Gravel Gravel	210	280	White Clay	280	290	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">7 Casing: Material PVC Height: above ground Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. Diam. 9 in. Weight 200 lbs./ft. 5 in. to 280 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">8 Screen: Sawed Manufacturer Cam Tex Type PVC Dia. 5" Slot/gauze 1/16 Length 60 Set between 500 ft. and 280 ft. Fittings: Belled Collars Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2"</td> </tr> <tr> <td colspan="2">9 Static water level: 110 ft. below land surface Date 9/16/75</td> </tr> <tr> <td colspan="2">10 Pumping level below land surfaces: 110 ft. after 1 hrs. pumping 1 g.p.m. 110 ft. after check hrs. pumping 1 g.p.m. Estimated maximum yield 1 g.p.m.</td> </tr> <tr> <td colspan="2">11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____</td> </tr> <tr> <td colspan="2">12 Well head completion: <input type="checkbox"/> Pitless adapter 15 inches above grade</td> </tr> <tr> <td colspan="2">13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 0 ft. to 15 ft.</td> </tr> <tr> <td colspan="2">14 Address source of possible contamination: Completed by this well ft. Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other</td> </tr> </table>		7 Casing: Material PVC Height: above ground Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. Diam. 9 in. Weight 200 lbs./ft. 5 in. to 280 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8 Screen: Sawed Manufacturer Cam Tex Type PVC Dia. 5" Slot/gauze 1/16 Length 60 Set between 500 ft. and 280 ft. Fittings: Belled Collars Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2"		9 Static water level: 110 ft. below land surface Date 9/16/75		10 Pumping level below land surfaces: 110 ft. after 1 hrs. pumping 1 g.p.m. 110 ft. after check hrs. pumping 1 g.p.m. Estimated maximum yield 1 g.p.m.		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		12 Well head completion: <input type="checkbox"/> Pitless adapter 15 inches above grade		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 0 ft. to 15 ft.		14 Address source of possible contamination: Completed by this well ft. Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
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16 Remarks: elevation		17 Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>Craig Water Well 239</i> Business name _____ License No. _____ Address Box 501 Woodwind Kan. Signed [Signature] Date 9/16/75 Authorized representative																																											

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5