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

Brown C #3 **Invoice No. 11505**

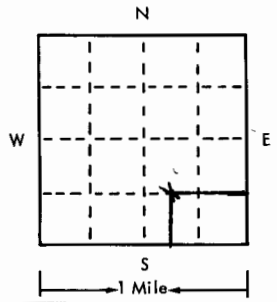
1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Seward		C W½ SE¼	17	34S	33W

Distance and direction from nearest town or city: 2 miles north of Liberal, ½West.

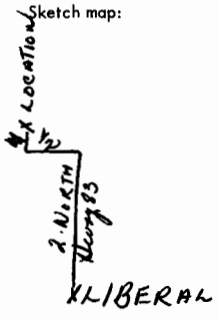
Street address of well location if in city:

3 Owner of well: Cities Service Oil Company
Address: 3545 NW 58th
Oklahoma City, Oklahoma 73112

Locate with "X" in section below:



Sketch map:



4 Well depth: 240 ft. Date of completion 7-14-75
Well diameter 9 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☒ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ Oil Rig

7 Casing: Material PVC
Threaded ☐ Welded ☐
Diam. 5 in. to 190 ft. depth
5 in. to 240 ft. depth
Height: above/below Surface 28 in.
Weight 2.78 lbs./ft.
Drive shoe? ☐ Yes ☒ No

2

Type and color of material	From	To
Surface	0	2
Fine sand	2	52
Clay and sandy clay	52	111
Sandy clay	111	140
Clay	140	162
Coarse sand and sandy clay 60-40	162	240
(use a second sheet if needed)		

8 Screen:
Manufacturer sawed perforations
Type PVC Dia. 5
Slot/gauze .030 Length 40
Set between 190 ft. and 230 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/8 to 3/16

9 Static water level:
150 ft. below land surface Date 7-14-75

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 60 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☐ Pitless adapter 28 Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ ___
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 100 Direction NE Type Oil Well
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☒ Upland
☐ Valley

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.
Carlile Water Well 118
Business name License No.
Address Box 275, Liberal, Kansas
Signed [signature] Date 7-25-75
Authorized representative

34 33W 17 C W½ SE¼

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

Form WWC-5

677-H