

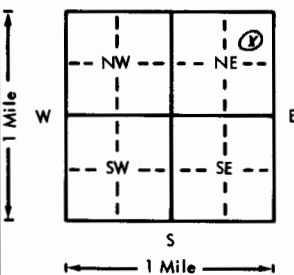
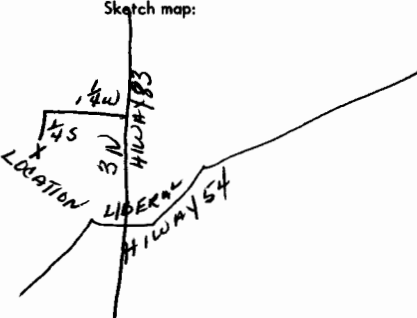
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

Shives A-2

Inv. # 12163

1. Location of well:		County Seward	Fraction 1/4 1/4C-NE1/4	Section number 18	Township number T 34 S R 33 E/W	Range number 33
2. Distance and direction from nearest town or city: 3 miles north of Liberal, 1 1/4 west, 1/4 south. Street address of well location if in city:				3. Owner of well: Cities Service Oil Company R.R. or street: Box 682 c/o Frank Gibson City, state, zip code: Beaver, Oklahoma 73932		
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>9</u> in. Completion date <u>3-26</u> Well depth <u>280</u> ft.	
					7. 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	
5. Type and color of material		From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Surface		0	2	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>28</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>2.78</u> lbs./ft. Dia. <u>5</u> in. to <u>190</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>280</u> ft. depth gage No. <u>265</u>		
Sandy clay		2	28	10. Screen: Manufacturer's name _____ <u>sawed perf.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>.030</u> Length <u>80</u> Set between <u>190</u> ft. and <u>270</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> <u>yes</u> Size range of material <u>1/8 to 3/16</u>		
Fine and medium sand		28	90	11. Static water level: _____ mo./day/yr. <u>142</u> ft. below land surface Date <u>3-26-76</u>		
Sandy clay		90	100	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
1/8 Fine and medium sand		110	120	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Sandy clay		120	160	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>28</u> inches above grade		
Fine and medium sand and sandy clay 70-30		160	180	15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
Medium to large sand		180	280	16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>NE</u> Type <u>oil well</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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		
				20. 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 <u>Box 275, Liberal, Ks.</u> Signed <u>Edward E. Means</u> Date <u>4-1</u> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 34 S R 33 E
 Sec 18
 1/4 CNE
 1/4
 1/4
 1/4

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5