

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

CWW Inv. #13604

*McAREN-2*

1. Location of well:	County <b>Seward</b>	Fraction <b>1/4 NW 1/4 NW 1/4</b>	Section number <b>24</b>	Township number <b>T 34S</b>	Range number <b>S R 33W E/W</b>
2. Distance and direction from nearest town or city: <b>From Liberal Go 2 mi. North - 3 mi. East - South to loc.</b> Street address of well location if in city:			3. Owner of well: <b>Anadarko Production Company</b> R.R. or street: <b>Att: Paul Gatlin, Box 351</b> City, state, zip code: <b>Liberal, KS 67901</b>		
4. Locate with "X" in section below: <div style="text-align: center;"> </div>			Sketch map: <i>3 mi East</i> <i>2 mi N</i> <b>LIBERAL</b> <i>South to loc.</i>		
5. Type and color of material			From	To	6. Bore hole dia. <u>9</u> in. Completion date <u>7/1/77</u> Well depth <u>280</u> ft.
Surface			0	2	7. <input checked="" 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
Sandy clay			2	60	8. 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"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other
Clay			60	140	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>185</u> ft. depth   Wall Thickness: inches or Dia. <u>5</u> in. to <u>280</u> ft. depth   gage No. <u>265</u>
Clay and medium to large sand			140	276	10. Screen: Manufacturer's name _____ <u>Sawed peri.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>.030</u> Length <u>90'</u> Set between <u>185</u> ft. and <u>275</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/8-3/16</u>
Blue clay			276	280	11. Static water level: _____ mo./day/yr. <u>185</u> ft. below land surface Date <u>7-1-77</u>
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter _____ 28 inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> yes 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.
					16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>NE</u> Type <u>oilwell</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
(Use a second sheet if needed)					
18. Elevation:	19. Remarks:		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. <b>Carlile Water Well Service 118</b> Business name _____ License No. _____ Address <b>Box 275, Liberal, KS</b> Signed <u>Edward E. Means</u> Date <u>7/17</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

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 W E  
 24  
 Sec 24  
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5