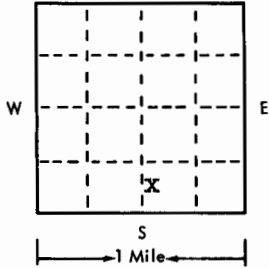


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

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

1 Location of well:	County Seward	Township name Liberal	Fraction NE, SW, SE	Section number 27	Town number T-34-S	Range number R-33-W																																																			
Distance and direction from nearest town or city: One half mile Northeast fo Liberal, Kansas Street address of well location if in city:				3 Owner of well: Seward County Address: Liberal, Kansas																																																					
Locate with "X" in section below: N 				Sketch map:																																																					
<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>Overburden</td><td>0</td><td>116</td></tr> <tr><td>Clay</td><td>116</td><td>157</td></tr> <tr><td>Coarse Sand</td><td>157</td><td>160</td></tr> <tr><td>Sand, Gravel, Clay, & Rock Streaks</td><td>160</td><td>180</td></tr> <tr><td>Sand, Gravel, Clay, & Thin Rock Streaks</td><td>180</td><td>200</td></tr> <tr><td>Sand & Gravel</td><td>200</td><td>220</td></tr> <tr><td>Medium Sand & Clay</td><td>220</td><td>240</td></tr> <tr><td>Medium Sand & Blue Clay Streaks</td><td>240</td><td>260</td></tr> <tr><td>Blue Clay</td><td>260</td><td>275</td></tr> <tr><td>Medium Sand & Rock Streaks</td><td>275</td><td>280</td></tr> <tr><td>Blue Clay & Thin Streaks of Medium Sand</td><td>280</td><td>300</td></tr> <tr><td>Blue Clay</td><td>300</td><td>304</td></tr> <tr><td>Medium Sand</td><td>304</td><td>340</td></tr> <tr><td>Medium Sand & Clay Streaks</td><td>340</td><td>355</td></tr> <tr><td>Clay</td><td>355</td><td>360</td></tr> <tr><td>Total feet of Sand (use a second sheet if needed) 151 ft.</td><td></td><td></td></tr> </tbody> </table>				2 Type and color of material	From	To	Overburden	0	116	Clay	116	157	Coarse Sand	157	160	Sand, Gravel, Clay, & Rock Streaks	160	180	Sand, Gravel, Clay, & Thin Rock Streaks	180	200	Sand & Gravel	200	220	Medium Sand & Clay	220	240	Medium Sand & Blue Clay Streaks	240	260	Blue Clay	260	275	Medium Sand & Rock Streaks	275	280	Blue Clay & Thin Streaks of Medium Sand	280	300	Blue Clay	300	304	Medium Sand	304	340	Medium Sand & Clay Streaks	340	355	Clay	355	360	Total feet of Sand (use a second sheet if needed) 151 ft.			4 Well depth: <u>360</u> ft. Date of completion _____ Well diameter <u>19</u> in.		
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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 checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well																																																									
7 Casing: Material <u>Steel</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>16</u> in. Diam. _____ Weight <u>188 lbs.</u> <u>10 3/4</u> in. to <u>160</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																									
8 Screen: <u>Lakewood</u> Manufacturer _____ Type <u>Steel</u> Dia. <u>10 3/4"</u> Slot/gauze <u>1/16</u> Length <u>200 ft.</u> Set between <u>160</u> ft. and <u>360</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/8"</u>																																																									
9 Static water level: <u>106</u> ft. below land surface Date <u>5-7-75</u>																																																									
10 Pumping level below land surfaces: <u>159</u> ft. after <u>10</u> hrs. pumping <u>300</u> g.p.m. <u>159</u> ft. after <u>30</u> hrs. pumping <u>300</u> g.p.m. Estimated maximum yield <u>500</u> 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 <u>14</u> Inches above grade																																																									
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> <u>Concrete</u> Depth: From <u>0</u> ft. to <u>10</u> ft.																																																									
14 Nearest source of possible contamination: <u>none</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																									
15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Berkeley</u> Model number <u>6s2am8</u> HP <u>25</u> Volts <u>440</u> Length of drop pipe <u>290</u> ft. capacity <u>300</u> g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other																																																									
16 Remarks: elevation This well is used for Domestic and Irrigation of Border line trees for County land fill. Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> 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. T & W Water Well Ser. 142 Business name _____ License No. _____ Address <u>Box 816</u> Signed <u>Ed W. Sumrell</u> Date <u>6-12-75</u> Authorized representative																																																					

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

Form WWC-5