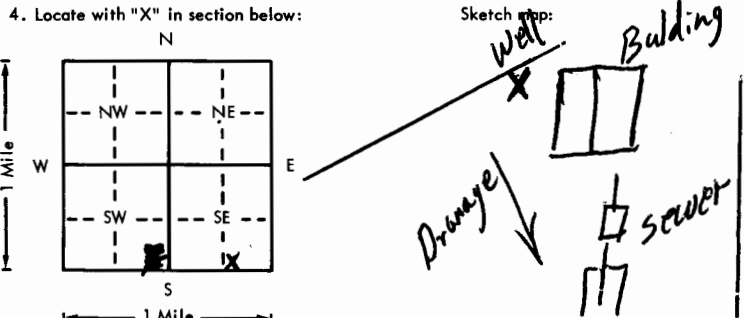


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well:		County Seward	Fraction SW 1/4 SE 1/4 SE 1/4	Section number 27	Township number T 34 S R 33 E/W	Range number 33
2. Distance and direction from nearest town or city: Street address of well location if in city: 1 mi NE of Liberal on 8th St			3. Owner of well: Human Society R.R. or street: E 8th St City, state, zip code: Liberal, Kansas			
4. Locate with "X" in section below: 			6. Bore hole dia. 9 in. Completion date May 8 - 1980 Well depth 230 ft.			
5. Type and color of material			7. <input checked="" type="checkbox"/> Cable tool 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			
Sand & Silt			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 type="checkbox"/> Oil field water <input type="checkbox"/> Other			
Light Clay			9. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 16 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 230 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 268			
Med Sand			10. Screen: Manufacturer's name _____ Type Pumped Dia. 5" Slot slot Length 60 Set between 170 ft. and 230 ft. _____ ft. and _____ ft. Gravel pack? Yes Size range of material 1/4"			
Light Clay			11. Static water level: _____ mo./day/yr. 146 ft. below land surface Date May 8 - 80			
Coarse Sand			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping N/A g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 100 g.p.m.			
Limestone			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			
Sand & Clay stra			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 15 inches above grade			
			15. Well grouted? Yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 15 ft.			
			16. Nearest source of possible contamination: ft. 60 Direction S Type sewer Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
			17. Pump: _____ Not installed Manufacturer's name Goulds Model number 10E1 HP 1 Volts 230 Length of drop pipe 150 ft. capacity 10 g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other			
18. Elevation:			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. Combs Eng 342 Business name _____ License No. _____ Address 39 Turpin Okla Signed 77 Earl Combs 2080 Date _____ Authorized representative			
19. Remarks:						

T 34 R 33 E S 34 S 34 S 34 S

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

Form WWC-5