

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. #13946

Tucker A#1

1. Location of well:	County Seward	Fraction 1/4 SW 1/4 NE 1/4	Section number 29	Township number T 34S S R	Range number 33W E/W
2. Distance and direction from nearest town or city: Go 1 mile North of Liberal and West Street address of well location if in city: to location.			3. Owner of well: Cities Service Oil Co. R.R. or street: 3545 N.W. 58th Street City, state, zip code: Okla. City, OK 73112		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: <i>Waste loc.</i> <i>Liberal, KS</i>		
5. Type and color of material			From	To	6. Bore hole dia. <u>9</u> in. Completion date <u>10-17-77</u> Well depth <u>280</u> ft.
Surface			0	2	7. <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
Fine sand			2	40	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
Sandy clay			40	60	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>150</u> ft. depth; Wall Thickness: inches or Dia. <u>5</u> in. to <u>280</u> ft. depth; gage No. <u>.265</u>
Fine sand			60	80	10. Screen: Manufacturer's name _____ Sawed perf. Type PVC Dia. 5" Slot/gauze .030 Length 100' Set between 150 ft. and 250 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material 1/8-3/16
Fine sand & sandy clay 60-40			80	100	11. Static water level: _____ mo./day/yr. 120 ft. below land surface Date 10-17-77
Sandy clay			100	170	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 50 g.p.m.
Medium to large sand			170	185	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____
Medium to large sand, firm & sandy stone					14. Well head completion: _____ <input type="checkbox"/> Pitless adapter 28 inches above grade
40-60			185	200	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.
Medium to large sand			200	258	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
Clay, Blue			258	280	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:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		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 Box 275, Liberal, KS Signed <u>Edward E. Means</u> Date <u>11-1-77</u> Authorized representative			

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 33
 29
 SW NE
 1/4 1/4 1/4

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

Form WWC-5