

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

34 34 W 4 NE 1/4 SW
T R EW sec 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well:	County Seward	Township name	Fraction NE, NE, SW	Section number 4	Town number 34S	Range number 34W		
Distance and direction from nearest town or city: Street address of well location if in city: 4 North & 6 miles west of Liberal			3 Owner of well: Loren Nix R.R. Liberal, Kansas					
Locate with "X" in section below: N  W E S 1 Mile		Sketch map: Well located near test hole 1-75 which is 607' south of NE corner of SW 1/4, Sec. 4, T34S, R34W, Seward Co. Kansas.		4 Well depth: 520 ft. Date of completion 10-8-75 Well diameter 28 in.				
2 Type and color of material		From To		5 <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary				
				6 Use: <input 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 <input type="checkbox"/>				
		Top soil		0 3		7 Casing: Material stl Height: <u>above/below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u> </u> in. Diam. <u>16</u> in. to <u>200</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u> </u> in. to <u> </u> ft. depth		
		Fine sand		3 90		8 Screen: Manufacturer Foster, Doerr, Brown Type Mill slot & Louver Dia. 16" Slot/gauze 1/8" Length 320 Set between 200 ft. and 520 ft. Fittings: 1 mm to 9 mm Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u> </u>		
		Fine to coarse sand		90 120		9 Static water level: 160 ft. below land surface Date 10-8-75		
		Brown clay and caliche sand lenses		120 196		10 Pumping level below land surfaces: 240 ft. after 1/2 hrs. pumping 1040 g.p.m. 312 ft. after 1 hrs. pumping 1471 g.p.m. Estimated maximum yield 1500 g.p.m.		
		Fine to coarse sand		196 210		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>		
		Fine to medium sand		210 230		12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
		Fine to medium sand clay lenses		230 240		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>10</u> ft.		
		Fine to coarse sand		240 278		14 Nearest source of possible contamination: ink ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Brown clay		278 296		15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Layne Model number 12K HP 125 Volts <u> </u> Length of drop pipe 300 ft. capacity 1000 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other				
Fine to coarse sand some clay lenses		296 400		16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				
Fine to coarse sand some clay lenses		400 520						
Fine to medium sand clay lenses		520 600						
(use a second sheet if needed)								
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. Layne-Western Co. Inc. 150 Business name <u> </u> License No. <u> </u> Address P.O. Box 686 Garden City Signed <u> </u> Date <u> </u> Authorized representative <u> </u> 24 Oct 75				34 34 W 4 NE 1/4 SW				

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

Form WWC-5