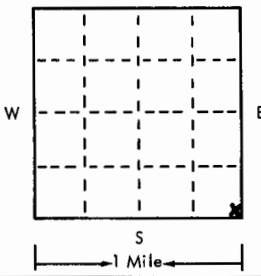


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 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 <b>Seward</b>	Township name	Fraction <b>SESESE</b>	Section number <b>7 20</b>	Town number <b>T34S</b>	Range number <b>R34W</b>
Distance and direction from nearest town or city; <b>3 mi West 3 N. of Liberal, KS</b> Street address of well location if in city:				3 Owner of well: <b>Embler Brothers</b> Address: <b>RR 1 Liberal, Kansas</b>		
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: <b>260</b> ft. Date of completion <b>9/17/75</b> Well diameter <b>9</b> in.		
2 Type and color of material				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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material <b>RMP</b> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>14</b> in. Diam. Weight <b>320</b> lbs./ft. <b>5</b> in. to <b>200</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
				8 Screen: Manufacturer <b>TFL</b> Type <b>RMP</b> Dia. <b>5"</b> Slot/gauze <b>1/16</b> Length <b>60</b> Set between <b>200</b> ft. and <b>260</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/2"</b>		
Type and color of material				From	To	9 Static water level: <b>98</b> ft. below land surface Date <b>9/17/75</b>
<b>Overburden</b>				<b>0</b>	<b>98</b>	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>50</b> g.p.m.
<b>Clay</b>				<b>98</b>	<b>160</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
<b>Fine Sand + Clay</b>				<b>160</b>	<b>210</b>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
<b>Coarse Sand + Clay</b>				<b>210</b>	<b>260</b>	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <b>3</b> ft. to <b>13</b> ft.
(use a second sheet if needed)						14 Nearest source of possible contamination: ft. <b>150</b> Direction <b>SE</b> Type <b>Septic</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
16 Remarks: elevation				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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		
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. <b>T.W. Water Well</b> <b>142</b> Business name License No. Address <b>Box 816</b> Signed <b>Ed Wagnall</b> Date <b>9/17/75</b> Authorized representative		

34 34 W 20 SESESE