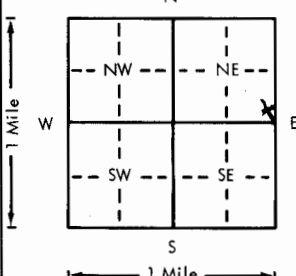


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

*no feet*

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 <b>Seward</b>	Fraction <b>SE 1/4 SE 1/4 NE 1/4</b>	Section number <b>24</b>	Township number <b>T 34 S</b>	Range number <b>R 34 E</b>
2. Distance and direction from nearest town or city: <b>1/2 N Liberal KS SW</b>				3. Owner of well: <b>L A BLOOM</b> R.R. or street: <b>1917 N WEBSTER</b> City, state, zip code: <b>Liberal KS 67901</b>		
4. Locate with "X" in section below: <div style="text-align: center;">  </div>				Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>280</b> ft. <b>1/30/81</b>
				7. <input checked="" 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		
				8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>4 1/2</b> in. to <b>280</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. <b>SAR 17</b>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>8/16 to 20</b>		
top soil		0	1	11. Static water level: _____ mo./day/yr. <b>122</b> ft. below land surface Date <b>1/30/81</b>		
fine sand		1	18	12. Pumping level below land surfaces: <b>155</b> ft. after <b>1</b> hrs. pumping <b>15</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
clay & sand		18	40	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
clay		40	90	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> inches above grade		
clay & rock		90	100	15. Well grouted? _____ With: _____ Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete _____ Depth: From <b>1</b> ft. to <b>12</b> ft.		
rock		100	102	16. Nearest source of possible contamination: ft. <b>800</b> Direction <b>NW</b> Type <b>sewer</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No		
gravel & rock		102	120	17. Pump: Manufacturer's name _____ Not installed Model number <b>204/025</b> HP <b>15</b> Volts <b>230</b> Length of drop pipe <b>200</b> ft. capacity <b>15</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other		
gravel		120	125			
gravel & rock		125	150			
clay & rock		150	180			
gravel & rock		180	190			
rock		190	198			
gravel		198	204			
rock		204	206			
gravel		206	210			
		(Use a second sheet if needed) <b>cont.</b>				
18. Elevation: <b>2890</b>	19. Remarks:		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. <b>Klassen Drilling Co 364</b> Business name _____ License No. _____ Address <b>Joes Cplx 80822</b> Signed <b>Paul Klassen</b> Date <b>2-21-81</b> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 34 S  
 R 34 E  
 Sec 24  
 1/4 1/4 1/4 1/4  
 SE SE NE

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

Form WWC-5

