

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

Permit no 79-255

CWW 16482

Powell D#1

1. Location of well:		County <b>Seward</b>	Fraction <b>SW 1/4 NE 1/4 NW 1/4</b>	Section number <b>26</b>	Township number T <b>34</b> S R	Range number <b>34</b> E/W
2. Distance and direction from nearest town or city: <b>From Liberal go 1 mi North then West 3 1/2 mi then South into location</b>				3. Owner of well: <b>Anadarko Production</b> R.R. or street: <b>c/o P. Gatlin</b> City, state, zip code: <b>Box 351 Liberal, Kansas 67901</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>11-17-79</u> Well depth <u>280</u> ft.		
				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		
5. Type and color of material		From	To	8. Use: <input 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 checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<b>Surface</b>		<b>0</b>	<b>2</b>	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>180</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.256</u>		
<b>Clay</b>		<b>2</b>	<b>55</b>	10. Screen: Manufacturer's name _____ Type <b>Sawed PVC</b> Dia. <b>5"</b> Slot/gauze <u>.030</u> Length <u>100</u> Set between <u>180</u> ft. and <u>280</u> ft. _____ ft. and _____ ft. Gravel pack? <b>Yes</b> size range of material <u>1/8-3/16</u>		
<b>Sandy clay</b>		<b>55</b>	<b>75</b>	11. Static water level: _____ mo./day/yr. <u>135</u> ft. below land surface Date <u>11-17-79</u>		
<b>Clay</b>		<b>75</b>	<b>127</b>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>60</u> g.p.m.		
<b>Sandy clay</b>		<b>127</b>	<b>183</b>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<b>Caliche</b>		<b>183</b>	<b>205</b>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>20</u> Inches above grade		
<b>Caliche</b>		<b>205</b>	<b>227</b>	15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>10</u> ft.		
<b>Medium to large sand</b>		<b>227</b>	<b>280</b>	16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>N.E.</u> Type <u>Oil well</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____		
				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:		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>118</b> <b>Carlile Water Well Service</b> Business name _____ License No. _____ Address <b>Box AA Liberal, Kansas</b> Signed <u>Edward E. Means</u> Date <u>12-3-79</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

34  
 34  
 26  
 Sec  
 SW NE NW

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

Form WWC-5