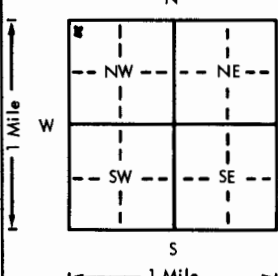


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County Seward	Fraction NW 1/4 NW 1/4 NW 1/4	Section number 32	Township number T 34 S R 34 E/W	Range number			
2. Distance and direction from nearest town or city: 5W. 2N. 1W of Liberal, KS. Street address of well location if in city:			3. Owner of well: Jack Engel R.R. or street: 524 S Western City, state, zip code: Liberal, Kansas 67901					
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 			6. Bore hole dia. <u>9</u> in. Completion date <u>3/25/77</u> Well depth <u>220</u> ft.		
5. Type and color of material			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					
			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 <u>PHS</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>91</u> Surface <u>14</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>160</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>0.258</u>					
			10. Screen: Manufacturer's name <u>J+L</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/16</u> Length <u>60</u> Set between <u>160</u> ft. and <u>220</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8</u>					
			11. Static water level: _____ mo./day/yr. <u>80</u> ft. below land surface Date <u>3/25/77</u>					
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>35</u> g.p.m.								
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____								
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade								
15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.								
16. Nearest source of possible contamination: ft. <u>160</u> Direction <u>NW</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: 17. Pump to be set by Landowner		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. <u>T+W Water Well</u> <u>142</u> Business name License No. Address <u>Box 816 Liberal KS</u> Signed <u>C. Aldagelma</u> Date <u>4/2/77</u> Authorized representative					

T 34 S R 34 E
 Sec 32
 NW 1/4 NW 1/4 NW 1/4

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

Form WWC-5