

PERMIT #39

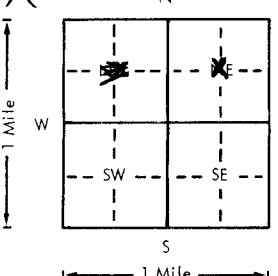
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

CWW Inv. #14371

Lofland #1

1. Location of well:	County Seward	X Section 1/4 1/4 CNE 1/4	Section number 18	Township number T 35S S R	Range number R 31W E/W
2. Distance and direction from nearest town or city: Go East on Bluebell rd. to Panhandle East. Co. station then 2m So. - 1/4m Ea. - So. to loc.			Owner of well: Zenith Drilling Corp., Inc. Suite 600, 200 W. Douglas Wichita, Kansas 67202		
4. Locate with "X" in section below: 		Sketch map: <i>LIBERAL Bluebell Rd. Panhandle East. Co. 1/4m Ea. 50' To Loc.</i>			
5. Type and color of material		From	To	6. Bore hole dia. <u>9</u> in. Completion date <u>2-27</u> Well depth <u>300</u> ft.	
Surface		0	2	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	
Blue clay		2	35	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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	
Caliche		35	40	9. Casing: Material _____ Height: <u>Above</u> 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>190</u> ft. depth; Wall Thickness: inches or Dia. <u>5</u> in. to <u>300</u> ft. depth; gage No. <u>.265</u>	
Blue sandy clay		40	60	10. Screen: Manufacturer's name _____ Sawed perf. Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze _____ Length <u>80'</u> Set between <u>190</u> ft. and <u>270</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/8-3/16</u>	
Medium to large sand		60	300	11. Static water level: _____ mo./day/yr. <u>185</u> ft. below land surface Date <u>2/27/78</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>45</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 type="checkbox"/> Pitless adapter <u>28</u> Inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
				16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>NE</u> Type <u>oilwell</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:			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. Carlile Water Well 118 Business name _____ License No. _____ Address Box 275, Liberal, KS Signed <u>Edward E. Meany</u> Date <u>3-3-78</u> Authorized representative	

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18
1/4
1/4
8/4
CNE