WATER WELL RECORD KSA 82a-1201-1215

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

	County	Fraction		Section number		Township number	Range number	
1. Location of well:	Seward	SE:/4 SE /4 N.	E 1/4	Ş	3	1 35 s	R 3.2 E/₩	
2. Distance and direction from nearest town or city: 5 mi East 1/2 S. of Liberal, KS. Street address of well location if in city:				er of well street: ate, zip	R	obert Winkle RI liberal. Ks		
4. Locate with "X" in section below: Sketch map:						6. Bore hole dia. $\frac{9}{240}$ in.	Completion date	
SW	NE * E				-	8. Use: XDomestic — Pu	Bored Reverse rotary ublic supply Industry ir conditioning Stock il field water Other	
S 1 Mile					Threaded Welded Surface 4 in. RMP PVC Weight lbs./ft. Dia . 5 _ in. to 200 ft. depth Wall Thickness: inches or			
5. Type and color of				From	То	Diain. toft. dept Diain. toft. dept 10. Screen: Manufacturer's n	th gage No. <u>0.258</u>	
Overbo	irden			0	173	Type PVC	-	
Fine Sand + Clay				173	200	Slot/gauze		
Medium Sand + clay				200	235	Gravel pack? 155 Size range of material 1/2"		
Clay				235	240	11. Static water level:ft. below land sur	face Date 9/16/77	
						12. Pumping level below land ft. after h ft. after h Estimated maximum yield	nrs. pumping g.p.m.	
						13. Water sample submitted: Yes No [g.p.m. mo./day/yr. Date	
							Inches above grade	
						15. Well grouted? Yes With: X Neat cement Depth: From ft. to	Bentonite Concrete	
						16. Nearest source of possible ft. 400 Direction Well disinfected upon comple		
						17. Pump: Manufacturer's name Model number	Not installed HP Volts	
						Length of drop pipe Type: Submersible		
	(Use a second s	neet if needed)				Jet Centrifugal	Reciprocating Other	
18. Elevation: 19. Remarks: Topography: Hill Slope Upland Valley 17 Will to be Completed by: Foryan Water Will Service Foryan, Oklahoma					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. License No. Address Signed Authorized representative Date			