

PERMIT #T79-30

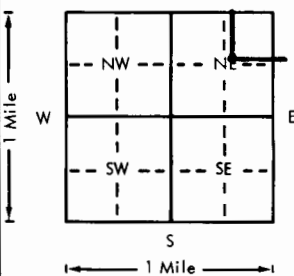
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

CWW INV. #15542

Larrabee #1

1. Location of well:		County Seward	Fraction SW 1/4 NE 1/4 NE 1/4	Section number 1	Township number T 35S S R	Range number R 33W E/W
2. Distance and direction from nearest town or city: From Liberal go 2 3/4m East on BlueBell Rd. - South to location.			3. Owner of well: Service Drilling Company R.R. or street: Box 5320 City, state, zip code: Borger, Texas 79007			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>2-19</u> Well depth <u>320</u> ft.		
				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		
5. Type and color of material		From	To	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		
Surface		0	2	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>220</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>265</u>		
Clay		2	58	10. Screen: Manufacturer's name _____ Sawed perf. Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze _____ Length <u>100'</u> Set between <u>220</u> ft. and <u>320</u> ft. _____ ft. and _____ ft.		
Clay 15% & medium to large sand 85%		58	82	Gravel pack <input checked="" type="checkbox"/> Size range of material <u>1/8-3/16</u>		
Clay		82	112	11. Static water level: _____ mo./day/yr. <u>135</u> ft. below land surface Date <u>2/19/79</u>		
Medium to large sand		112	148	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>55</u> g.p.m.		
Clay		148	158	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Clay 40% & fine sand 60%		158	185	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>28</u> inches above grade		
Clay		185	242	15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>10</u> ft.		
Clay 75% & fine sand 25%		242	265	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 _____ No _____		
Clay 65% & fine sand 35%		265	275	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 _____ Turbine _____ <input type="checkbox"/> Jet _____ Reciprocating _____ <input type="checkbox"/> Centrifugal _____ Other _____		
Clay & fine sand		275	320	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 Service 118 Business name _____ License No. _____ Address <u>Box AA, Liberal, KS</u> Signed <u>Edward E. Means</u> Date <u>2-28-79</u> Authorized representative		
18. Elevation:		19. Remarks:		21. (Use a second sheet if needed)		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

35
 330
 1
 SW NE NE
 1/4 1/4 6/14

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

Form WWC-5