

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. #13817

Albright #1

1. Location of well:	County Seward	Fraction 1/4 SW 1/4 SW 1/4	Section number 1	Township number T 35S S	Range number R 33W E/W		
2. Distance and direction from nearest town or city: From Pine St. & Kansas Ave. go 2 1/2 mi. East - North to location on West side of Barn.			3. Owner of well: Service Drilling Company R.R. or street: Box 910 City, state, zip code: Borger, Texas 79007				
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: <i>KS Ave</i> <i>North West side of Barn</i> <i>2 1/2 EAST</i>		6. Bore hole dia. <u>9</u> in. Completion date <u>9-8</u> Well depth <u>260</u> ft.			
5. Type and color of material		From		To		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 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: <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>155</u> depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>260</u> depth gage No. <u>.265</u>	
Sandy clay		2		60		10. Screen: Manufacturer's name _____ Sawed perf. Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze _____ Length <u>100'</u> Set between <u>155</u> ft. and <u>255</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/8-3/16</u>	
Clay & fine sand 20%		60		160		11. Static water level: _____ mo./day/yr. <u>135</u> ft. below land surface Date <u>9/8/77</u>	
Clay 40%, & medium to large sand		160		245		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>40</u> g.p.m.	
Clay 60%, & medium to large sand, blue		245		260		13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
						14. Well head completion: <input type="checkbox"/> Pitless adapter <u>28</u> 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>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:		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 <u>Box 275, Liberal, KS</u> Signed <u>Edward E. Means</u> date <u>9/20/77</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley							

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 1/4

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

Form WWC-5