

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. 15796

1. Location of well:		County Seward	Section C-SW 1/4 SW 1/4	Section number 12	Township number T 35 S R 33 E/W	Range number 33
2. Distance and direction from nearest town or city: 1 1/2 mi. South on US 83 From Liberal Street address of well location if in city: turn east to location				3. Owner of well: Don Hill R.R. or street: Box 40 City, state, zip code: Liberal, Kansas 67901		
4. Locate with "X" in section below: 		6. Bore hole dia. <u>9</u> in. Completion date <u>4-25-79</u> Well depth <u>240</u> ft.				
5. Type and color of material		From	To	7. 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		
Surface		0	2	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		
Clay		2	52	9. Casing: Material <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>28</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2.78</u> lbs./ft. Dia. <u>5</u> in. to <u>180</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth Gauge No. <u>265</u>		
Fine sand		52	63	10. Screen: Manufacturer's name <u>Sawed perf.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>.030</u> Length <u>60</u> Set between <u>180</u> ft. and <u>240</u> ft. Gravel pack? <u>Yes</u> Size range of material <u> </u>		
Clay		63	79	11. Static water level: <u>139</u> ft. below land surface Date <u>4-25-79</u>		
Fine sand		79	93	12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>20</u> g.p.m.		
Clay		93	103	13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>		
Sandy clay		103	117	14. Well head completion: <u>28</u> inches above grade <input type="checkbox"/> Pitless adapter		
Clay 70% & medium to large sand 30%		117	145	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.		
Clay		145	197	16. Nearest source of possible contamination: ft. <u> </u> Direction <u> </u> Type <u>None</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fine sand		197	215	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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		
Clay		215	218	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>118</u> <u>Carlile Water Well Service</u> Business name <u>Box AA, Liberal, Kansas 67901</u> License No. <u> </u> Address <u> </u> Signed <u>Edward E. Means</u> Date <u>5-18-79</u> Authorized representative		
Medium to large sand		218	232	18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		
Clay		232	240	19. Remarks: (Use a second sheet if needed)		

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

Form WWC-5

T 35 S R 33 E/W
 Sec 12
 CWW SW