

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. # 12703

1. Location of well:	County Seward	Fraction 660 S of N L 330 E L <i>N 1/4 NE 1/4 SE 1/4</i>	Section number 16	Township number 35	Range number 33
2. Distance and direction from nearest town or city: 2 miles south of Liberal, 1/2 west. Street address of well location if in city:			3. Owner of well: Zenith Drilling Company Rig #1 R.R. or street: Suite 600, 200 West Douglas City, state, zip code: Wichita, Kansas 67202		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>9-18</u> Well depth <u>260</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 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>155</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>260</u> ft. depth gage No. <u>.265</u>	
Sandy clay		2	80	10. Screen: Manufacturer's name _____ <u>sawed perf.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>.030</u> Length <u>100</u> Set between <u>155</u> ft. and <u>255</u> ft. _____ ft. and _____ ft.	
Fine sand and sandy clay 80-20		80	100	Gravel pack? <u>yes</u> Size range of material <u>1/8 - 3/16</u>	
Fine sand and sandy clay 60-40		100	140	11. Static water level: _____ mo./day/yr. <u>130</u> ft. below land surface Date <u>9-18-76</u>	
Sandy clay		140	180	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>60</u> g.p.m.	
Fine sand and sandy clay 60-40		180	200	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Fine sand and sandy clay 70-30		200	260	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>28</u> Inches above grade	
(Use a second sheet if needed)				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.	
18. Elevation:		19. Remarks:		16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>NE</u> Type <u>oil well</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				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	
				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 <u>Box 275, Liberal,</u> License No. _____ Address _____ Signed <u>Edward E. Munn</u> Date <u>10-8</u> Authorized representative	

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

Form WWC-5