

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

1. Location of well:	County <u>Seward</u>	Fraction <u>NW 1/4 NW 1/4 SE 1/4</u>	Section number <u>16</u>	Township number <u>T 35 S R 33 E/W</u>	Range number
2. Distance and direction from nearest town or city: <u>1 1/2 S. 1/2 E. of Liberal, Kansas</u>			3. Owner of well: <u>Robert Larrabee Larco, Inc.</u> R.R. or street: <u>1118 N. Jordan P.O. Box 1009</u> City, state, zip code: <u>Liberal, Kansas 67901</u>		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>28</u> in. Completion date _____ Well depth <u>640</u> ft. <u>8/17/76</u>
<u>Top soil and clay</u>			<u>0</u>	<u>90</u>	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
<u>Clay and fine sand</u>			<u>90</u>	<u>120</u>	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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
<u>Clay</u>			<u>120</u>	<u>150</u>	9. Casing: Material <u>STL</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12"</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>640</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>2194.250</u>
<u>Medium sand and clay</u>			<u>150</u>	<u>180</u>	10. Screen: Manufacturer's name _____ <u>Lakewood</u> Type <u>Mill-slot</u> Dia. <u>16"</u> Slot/gauze <u>2198-250</u> Length <u>2 1/2</u> Set between <u>(.219) 4 1/4</u> and <u>600</u> ft. <u>(.250) 600</u> ft. and <u>640</u> ft.
<u>Med. sand, sandstone, and clay streaks</u>			<u>180</u>	<u>210</u>	Gravel pack? <u>yes</u> Size range of material <u>50% #4</u>
<u>Fine yellow sand</u>			<u>210</u>	<u>240</u>	11. Static water level: _____ mo./day/yr. <u>120</u> ft. below land surface Date <u>8-24-76</u>
<u>Fine sand - loose</u>			<u>240</u>	<u>480</u>	12. Pumping level below land surfaces: <u>225</u> ft. after <u>3</u> hrs. pumping <u>1750</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1800</u> g.p.m.
<u>Medium fine sand - loose</u>			<u>480</u>	<u>540</u>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
<u>Medium sand - loose</u>			<u>540</u>	<u>600</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade
<u>Fine sand (630-640) Red Bed (640-668)</u>			<u>630</u>	<u>660</u>	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.
(Use a second sheet if needed)					16. Nearest source of possible contamination: <u>None</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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
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. <u>Clemens Irrigation</u> <u>330</u> Business name License No. Address <u>box 499 Liberal, Ks.</u> Signed <u>[Signature]</u> Date <u>8-25-76</u> Authorized representative		

50% 1/2 down
35
33
16
NW
1/4 1/4
NW
SE

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

Form WWC-5