

Permit #79-107

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 15982

Printz A-#2

1. Location of well:		County <b>Seward</b>	Fraction <b>1/4 SW 1/4 NE 1/4</b>	Section number <b>2</b>	Township number <b>T 35 S R 34 E/W</b>	Range number <b>34</b>
2. Distance and direction from nearest town or city: <b>From West edge of Liberal, go 2mi West 3/4 mi North West to location</b>			3. Owner of well: <b>Anadarko Production</b> R. or street: <b>c/o P. Gatlin Box 351</b> City, state, zip code: <b>Liberal, Kas. 67901</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>280</u> ft. <u>6-27-79</u>		
		<p>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</p>		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		
5. Type and color of material		From	To	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>256</u>		
Surface		0	2	10. Screens: Manufacturer's name _____ <u>Sawed</u> Type _____ Dia. <u>5</u> Slot/gauze _____ Length <u>60</u> Set between <u>220</u> ft. and <u>280</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/8-3/16</u>		
Clay		2	25	11. Static water level: _____ mo./day/yr. <u>100</u> ft. below land surface Date <u>6-27-79</u>		
20% clay & 80% caliche		25	82	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>65</u> g.p.m.		
40% clay & 60% fine sand		82	117	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
90% clay & 10% fine sand		117	189	14. Well head completion: _____ <input type="checkbox"/> Pitless adapter <u>28</u> Inches above grade		
Fine sand		189	247	15. Well grouted? <input checked="" type="checkbox"/> Yes 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.		
Sand stone		247	252	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		
Fine sand		252	276	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		
35% clay & 65% sand stone		276	280	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> <b>Carlile Water Well Service</b> Business name _____ License No. _____ Address <u>Box AA Liberal, Kas. 67901</u> Signed <u>Edward E. Means</u> Date <u>7-2-79</u> Authorized representative		
18. Elevation:		19. Remarks:		<p>(Use a second sheet if needed)</p>		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

35  
 34  
 2  
 CWW NE  
 Sec 1/4 1/4 1/4

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

Form WWC-5