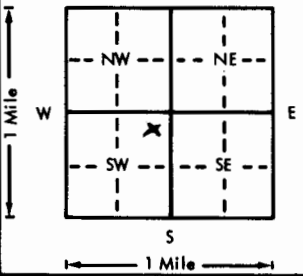


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Seward	Fraction NE 1/4 NE 1/4 SW 1/4	Section number 14	Township number T 35 S	Range number R 34 E/W
2. Distance and direction from nearest town or city: 4 mi SW of Liberal, KS. Street address of well location if in city:			3. Owner of well: Purvis + Rogers R.R. or street: Box 301 City, state, zip code: Liberal, Kansas 67901		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>240</u> ft. <u>4/5/76</u>
Overburden			0	88	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
Coarse Sand			88	140	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
Fine Sand + Clay			140	165	9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>91</u> Surface <u>14</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>180</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>0-320</u>
Medium Sand + Clay			165	190	10. Screen: Manufacturer's name _____ <u>J+L</u> Type <u>PVC</u> Dia. <u>5 1/2</u> Slot/gauze <u>1/16</u> Length <u>60</u> Set between <u>180</u> ft. and <u>240</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>48"</u>
Medium to Coarse Sand + Clay			190	240	11. Static water level: _____ mo./day/yr. <u>88</u> ft. below land surface Date <u>4/5/76</u>
					12. Pumping level below land surfaces: <u>93</u> ft. after <u>4</u> hrs. pumping <u>18</u> g.p.m. <u>93</u> ft. after <u>10</u> hrs. pumping <u>18</u> g.p.m. Estimated maximum yield _____ g.p.m. <u>30</u>
					13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ 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>3</u> ft. to <u>13</u> ft.
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: _____ Not installed Manufacturer's name <u>Berkeley</u> Model number <u>4BL 21</u> HP <u>1 1/2</u> Volts <u>220</u> Length of drop pipe <u>147</u> ft. capacity <u>18</u> g.p.m. Type: <input checked="" 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: #16 New Building site		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			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>T+W Water Well</u> <u>142</u> Business name _____ License No. _____ Address <u>Box 816 Liberal, KS</u> Signed <u>[Signature]</u> Date <u>5/10/76</u> Authorized representative		

T 35 S
 R 34 E
 Sec 14
 NE NE SW
 1/4 1/4 1/4 1/4

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

Form WWC-5