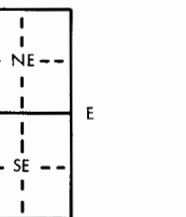


USE TYPEWRITER OR BALL  
POINT PEN—PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>Kingman</b>	Fraction <b>nw 1/4 nw 1/4 nw 1/4</b>	Section number <b>6</b>	Township number T <b>28</b>	Range number S <b>R 9</b>	E/W <b>E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:			
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W      E S 1 Mile</div> 			Sketch map:			
5. Type and color of material			From	To		
<b>soil</b>			<b>0</b>	<b>4</b>		
<b>clay</b>			<b>4</b>	<b>13</b>		
<b>sand</b>			<b>13</b>	<b>17</b>		
<b>clay</b>			<b>17</b>	<b>22</b>		
<b>med sand w/ clay</b>			<b>22</b>	<b>30</b>		
<b>clay</b>			<b>30</b>	<b>39</b>		
(Use a second sheet if needed)						
6. Bore hole dia. <b>8</b> in. Completion date <b>3-17-77</b> Well depth <b>39 ft.</b>		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				
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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>30</b> ft. depth Wall Thickness: inches or Dia. <b>5</b> in. to <b>39</b> ft. depth Gauge No. <b>265</b>				
10. Screen: Manufacturer's name <b>Peerless</b> Type <b>PVC</b> Dia. <b>5</b> Slot/gauge <b>0.35</b> Length <b>5</b> Set between <b>15</b> ft. and <b>20</b> ft. <b>22</b> ft. and <b>30</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>20</b> mesh		11. Static water level: _____ mo./day/yr. <b>7</b> ft. below land surface Date <b>4-28-77</b>				
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>25</b> g.p.m.		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 <b>15</b> Inches above grade		15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>1</b> ft. to <b>11</b> 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 _____ 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 checked="" 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. <b>Lyman Pross</b> <b>140</b> Business name _____ License No. _____ Address _____ Signed <b>W H Lyman</b> Date <b>4-29-</b> Authorized representative		