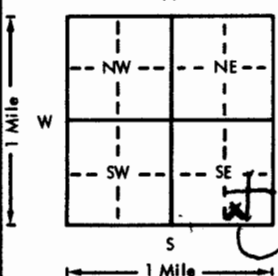


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Barber	Section 18W 1/4 SW 1/4 sec 1/4	Section number 15	Township number T 30 S R 12 W	Range number E/W
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:			
2. Distance and direction from nearest town or city: 1/2 N Med Lodge Street address of well location if in city:			3. Owner of well: J.L. Hunt R.R. or street: Medicine Lodge Rd 67104 City, state, zip code:			
X Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		6. Bore hole dia. 3 in. Completion date X Well depth 21 ft. 1-4-78 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 X Use: <input checked="" type="checkbox"/> Domestic <input checked="" 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		
5. Type and color of material		From	To	9. Casing: Material _____ Weight: Above or below Threaded _____ Welded _____ Surface 15 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 592 lbs./ft. Dia. 5 in. X 21 ft. depth Well Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. 259		
soil		0	5	10. Screen: Manufacturer's name _____		
fine sand		5	11	Type PVC Dia. 5		
medium sand		11	20	X Slot/gauze 025 Length 6		
shale		20	21	Set between 15 ft. and 21 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 20		
				11. Static water level: _____ mo./day/yr. 5 ft. below land surface Date 9-21-77		
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 20 g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____		
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 15 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 3 ft. to 18 ft.		
				16. Nearest source of possible contamination: ft. 100 Direction W Type lake Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name Jacuzzi Model number 504B HP 1/2 Volts 250 Length of drop pipe 15 ft. capacity 10 g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ 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.		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		(Use a second sheet if needed)		Business name Lyman Bros License No. 140 Address Med. Lodge Signed W.A. Lyman Date 1-4-78 Authorized representative		

30 120 15
 Sec
 1/4 1/4
 SWSUSE

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

Form WWC-5