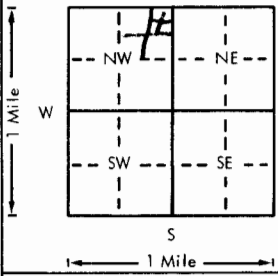


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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	Fraction ne 1/4 ne 1/4 nw 1/4	Section number 22	Township number T 30 S	Range number R 12 E/W
2. Distance and direction from nearest town or city: 10 n ML 1 1/2 w			3. Owner of well: Jim Myers R.R. or street: Box 599 City, state, zip code: Topeka City, Ks.		
4. Locate with "X" in section below: 			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. 8 in. Completion date _____ Well depth 32 ft. 7-11-79
soil clay fine sand			0	10	7. <input checked="" 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
medium clean sand			10	19	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
mud and clay			19	31	9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface 15 in. RMP _____ PVC _____ Weight 282 lbs./ft. Dia. 5 in. to 32 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 258
shale			31	32	10. Screen: Manufacturer's name Pumaco Type pvc Dia. 5 Slot/gauze slot Length 10 Set between 15 ft. and 25 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2 dn
					11. Static water level: _____ mo./day/yr. 8 ft. below land surface Date 7-11-79
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 25 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 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 4 ft. to 15 ft.
					16. Nearest source of possible contamination: ft. 100 Direction n Type lake Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: _____ Not installed Manufacturer's name Jacuzzi Model number 5S4B HP 1/2 Volts 230 Length of drop pipe 21 ft. capacity 15 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
			(Use a second sheet if needed)		
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: customer to pour shab		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. Lyman Bros 140 Business name License No. Address ML Signed W.H. Lyman 8-25-79 Authorized representative Date		

30 12 22 NE NE NW
T R Sec 1/4 1/4 1/4

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

Form WWC-5