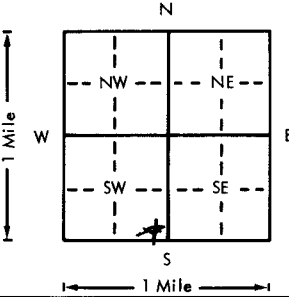


USE TYPEWRITER OR BALL POINT PEN-PRESS PRINT CLEARLY

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>Barber</b>		Fraction <b>SE SE SW SE 1/4 SE 1/4 SW 1/4</b>		Section number <b>24</b>		Township number <b>T 30 S R 12 E/W</b>		Range number	
2. Distance and direction from nearest town or city: Street address <b>1011 S Isabel, Ks</b>				3. Owner of well: <b>Kenneth Laverence</b> R.R. or street: <b>Isabel, Ks</b> City, state, zip code:					
4. Locate with "X" in section below: 				Sketch map: <b>3 S, 1/2 W, Isabel</b>		6. Bore hole dia. <b>8</b> in. Completion date <b>3-10-77</b> Well depth <b>98</b> ft.			
5. Type and color of material				From		To		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	
				soil		0		6	
sand				6		32		9. Casing: Material _____ Height: <b>Above</b> or below Threaded _____ Welded _____ Surface <b>15</b> in. RMP _____ PVC <b>PVC</b> Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>88</b> ft. depth Wall Thickness: inches or Dia. <b>3/16</b> in. to _____ ft. depth Gauge No. <b>0.173</b>	
clay				32		39		10. Screen: Manufacturer's name _____ Type <b>Peerless</b> Dia. <b>4</b> Slot/gauze <b>0.35</b> Length <b>10</b> Set between <b>88</b> ft. and <b>98</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2 in</b>	
sand				39		62		11. Static water level: _____ mo./day/yr. <b>72</b> ft. below land surface Date <b>11-26-77</b>	
clay				62		81		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.	
sand med				81		97		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
clay				97		98		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>3</b> ft. to <b>15</b> ft.	
								16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>W</b> Type <b>lot</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
								17. Pump: _____ Not installed Manufacturer's name <b>Jacuzzi</b> Model number <b>5S4B</b> HP <b>1/2</b> Volt <b>230</b> Length of drop pipe <b>89</b> ft. capacity <b>10</b> 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:		19. Remarks:							
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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. <b>Lyman Bros</b> <b>140</b> Business name License No. Address _____ Signed <b>William H. Lyman</b> Date <b>3-22-77</b> Authorized representative							

30 120 24 SE 1/4 SW 1/4

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

Form WWC-5