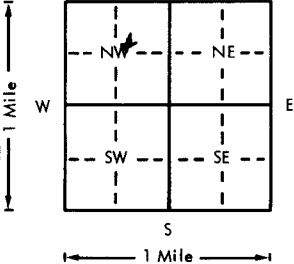


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 sw 1/4 ne 1/4 NW 1/4	Section number 12	Township number T 30 S R 14 E/W	Range number 14
2. Distance and direction from nearest town or city: Street address of well location if in city: 6th Lake City			3. Owner of well: Wayne Reipe R.R. or street: 801 W 4th st City, state, zip code: Pratt, Ks.			
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		<input checked="" type="checkbox"/> Bore hole dia. 8 1/2 in. Completion date 5-19-77 Well depth 102 ft.		
5. Type and color of material		From	To	<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		
				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 <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 20 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 155 lbs./ft. <input checked="" type="checkbox"/> Dia. 4 in. to 102 ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. 177		
				10. Screen: Manufacturer's name Peerless Type PVC Dia. 4 Slot/gauze 0.55 Length 10 Set between 72 ft. and 82 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8 in		
				11. Static water level: _____ mo./day/yr. 45 ft. below land surface Date 5-19-77		
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 100 g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
				<input checked="" type="checkbox"/> Well head completion: NA inches above grade <input type="checkbox"/> Pitless adapter		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.		
				16. Nearest source of possible contamination: ft. _____ Direction Pasture type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				<input checked="" type="checkbox"/> Pump: _____ Not installed		
				Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe 54 ft. capacity 5 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		
		(Use a second sheet if needed)				
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: this is complete " " "		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 Pros 140 Business name License No. Address ML Signed Willard Lyman Date 5-31 Authorized representative		

T 30
 R 14
 E W
 Sec 12
 SW 1/4 NW 1/4

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

Form WWC-5