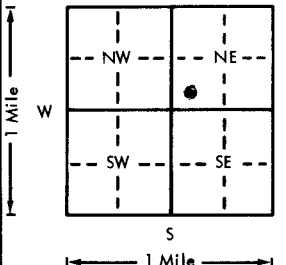


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Barber</b>	Fraction <b>SW 1/4 SW 1/4 ne 1/4</b>	Section number <b>34</b>	Township number <b>T 30 S</b>	Range number <b>R 14 E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>3n Lake City</b>			3. Owner of well: <b>Wilbur Lambert</b> R.R. or street: <b>Lake city, KS</b> City, state, zip code:		
4. Locate with "X" in section below: N  W E S 1 Mile			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>46</b> ft.
					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
					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
					9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <b>36</b> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>36</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>258</b>
					10. Screen: Manufacturer's name <b>Pump O</b> Type <b>pvc</b> Dia. <b>5</b> Slot/gauze <b>0256</b> Length <b>48</b> Set between _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8dn</b>
					11. Static water level: <b>22</b> ft. below land surface Date <b>8-24-78</b> mg./day/yr.
					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. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> inches above grade
					15. Well grouted? _____ 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. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		17. Pump: _____ Not installed Manufacturer's name <b>Jag 60221</b> Model number <b>5548</b> HP <b>1/2</b> Vol <b>230</b> Length of drop pipe <b>33</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			
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 Bros.</b> 140 Business name _____ License No. _____ Address <b>Med. Idg</b> Signed <b>W H Lyman</b> Date <b>9-15-80</b> Authorized representative		

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

Form WWC-5