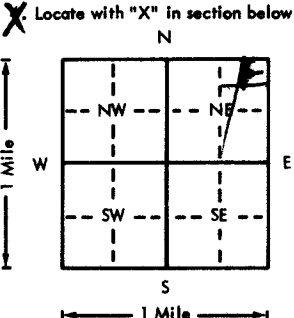


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>ne 1/4 ne 1/4 n34</b>	Section number <b>30</b>	Township number <b>T 31 S R 11 E/W</b>	Range number <b>11</b>																		
X Distance and direction from nearest town or city: <b>5 SE ML 1 1/2 S 1 E 3 S</b> Street address of well location if in city:			3. Owner of well: <b>Ted chepin</b> R.R. or street: City, state, zip code: <b>Medicine Lodge KS 67104</b>																				
X Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <b>8</b> in. Completion date <b>7-8-77</b> Well depth <b>40</b> ft.																				
5. Type and color of material			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 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 _____ Height: Above or below _____ Threaded _____ Welded _____ Surface <b>24</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <b>177</b>																				
			10. Screen: Manufacturer's name _____ <b>Pdersonless</b> Type <b>pvc</b> Dia. <b>4</b> in. Slot/gauze <b>035</b> Length <b>5</b> Set between <b>35</b> ft. and <b>40</b> ft. _____ ft. and _____ ft. Gravel pack? <input type="checkbox"/> Size range of material <b>30m</b>																				
			11. Static water level: _____ mo./day/yr. <b>18</b> ft. below land surface Date <b>7-8-77</b>																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td><b>soil</b></td> <td><b>0</b></td> <td><b>3</b></td> </tr> <tr> <td><b>clay</b></td> <td><b>3</b></td> <td><b>26</b></td> </tr> <tr> <td><b>fine sand</b></td> <td><b>26</b></td> <td><b>31</b></td> </tr> <tr> <td><b>mod sand</b></td> <td><b>31</b></td> <td><b>39</b></td> </tr> <tr> <td><b>shale</b></td> <td><b>39</b></td> <td><b>40</b></td> </tr> </tbody> </table>				From	To	<b>soil</b>	<b>0</b>	<b>3</b>	<b>clay</b>	<b>3</b>	<b>26</b>	<b>fine sand</b>	<b>26</b>	<b>31</b>	<b>mod sand</b>	<b>31</b>	<b>39</b>	<b>shale</b>	<b>39</b>	<b>40</b>	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.		
	From	To																					
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<b>shale</b>	<b>39</b>	<b>40</b>																					
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ 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>1</b> ft. to <b>12</b> ft.			16. Nearest source of possible contamination: ft. _____ Direction <b>Pasture</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
17. Pump: _____ Not installed Manufacturer's name <b>windmill</b> Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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			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 <b>ML</b> Signed <b>WM Lyman</b> Date <b>7-14-77</b> Authorized representative																				
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks:  (Use a second sheet if needed)																					

T 31 S R 11 E  
 Sec 30  
 NE 1/4 NE 1/4

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

Form WWC-5