

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Barber	Township name Mingona	Fraction NE 1/4 of SE 1/4	Section number 28	Town number 31	Range number 13W 300 12-12 W
Distance and direction from nearest town or city: Street address of well location if in city: 15 west				3 Owner of well: Wayne Thom Address: Isabel Ks. 67065		
Locate with "X" in section below: N W E S 1 Mile		Sketch map: 8" Bore		4 Well depth: 64 ft. Date of completion 8-8 Well diameter 4 in.		
2		Type and color of material		From	To	5 <input 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
		soil		0	3	6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>
		red clay		3	21	7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. Diam. _____ Weight _____ lbs./ft. _____ 4 in. to 64 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4 in. to _____ ft. depth!
		mud		21	27	8 Screen: Peerless PVC Manufacturer Peerless Type slot Dia. 4 Slot/gauze 0.30 Length 8 ft Set between 56 ft. and 64 ft. _____ Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____
		black mud a clay		27	45	9 Static water level: 21 ft. below land surface Date 12-27
		blue black clay		45	49	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 50 g.p.m.
		brown clay		49	53	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
		medium to fine sand		53	59	12 Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade
		medium to coarse sand		59	63	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 5 ft. to 15 ft.
		red shale		63	64	14 Nearest source of possible contamination: OW ft. 900 Direction South Type lot Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(use a second sheet if needed)				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley Bore hole 8" TOP to BOTTOM				17 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 Medicine Lodge Signed Lyman 70 Date 12-27-74 Authorized representative		