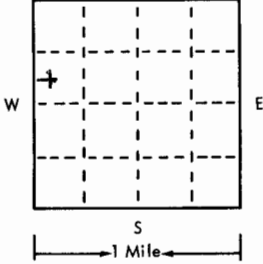


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

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

| | | | | | | |
|---|-------------------------|-------------------------------|------------------------------------|--|------------------------------|---|
| 1 Location of well: | County BARBER | Township name | Fraction S 1/4 SW 1/4 NW | Section number 10 | Town number 31 | Range number 14W |
| Distance and direction from nearest town or city: 1W-1N LAKE CITY | | | | 3 Owner of well: BERT MITTNER | | |
| Street address of well location if in city: LAKE CITY | | | | Address: LAKE CITY | | |
| Locate with "X" in section below: N  | | Sketch map: PASTURE | | 4 Well depth: 65 ft. Date of completion 1-7-76 Well diameter 8 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 & SAND | | 0 | 10 | 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"/> |
| | | SILTY MED SAND | | 10 | 22 | 7 Casing: Material PVC Height: above below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 15 in. Diam. 4 in. Weight 155 lbs./ft. 4 in. to 45 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4 in. to 45 ft. depth |
| | | CLAY | | 22 | 26 | 8 Screen: Manufacturer PACRIESS Type PVC Dia. 4" Slot/gauze 0.35 Length 10" Set between 41 ft. and 53 ft. Fittings: 38-43 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material --- |
| | | MED SAND | | 26 | 41 | 9 Static water level: 27 ft. below land surface Date 1-7-76 |
| | | CLAY | | 41 | 45 | 10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 25 g.p.m. |
| | | MED SAND | | 45 | 53 | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date --- |
| FINE SILTY SAND | | 53 | 65 | 12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter 45 inches above grade | | |
| (use a second sheet if needed) | | | | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 4 ft. to 46 ft. | | |
| 16 Remarks: elevation | | | | 14 Nearest source of possible contamination: NONE ft. 400 Direction S Type LOT Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | 15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ 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 type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | | |
| | | | | 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 MLD Signed W. W. Lyman Date _____ Authorized representative | | |

3 / 14 W 10 S 1/4 NW

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5