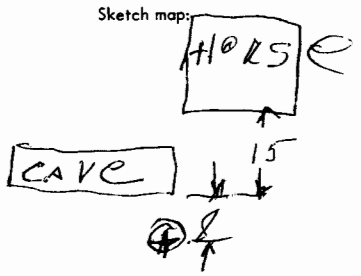


USE TYPEWRITER OR BALL POINT PEN-PRESS PRINT CLEARLY

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 1/4 NW 1/4 NE 1/4	Section number 10	Township number T 32 S R 10 E/W	Range number 10
2. Distance and direction from nearest town or city: Street address of well location if in city 2 E 2 N 1/4 W Sharon			3. Owner of well: John Dohm R.R. or street: Sharon City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. 8 in. Completion date 1-28-77 Well depth 41 ft.	
5. Type and color of material		From	To	7. <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	
				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 _____ in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to 41 ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. 160 0.173	
				10. Screen: Manufacturer's name _____ Peerless Type PVC Dia. 4 Slot/gauze .035 Length 6 Set between 34 ft. and 40 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2 dn	
				11. Static water level: _____ mo./day/yr. 21 ft. below land surface Date 1-26-77	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 30 g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
		14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 15 inches above grade			
		15. Well grouted? yes With <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 15 ft.			
		16. Nearest source of possible contamination: ft. 100 Direction W Type lot Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		17. Pump: _____ Not installed Manufacturer's name Jacuzzi Model number 5S4B HP 1/2 Volts 120 Length of drop pipe 30 ft. capacity 10 g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other			
18. Elevation:	19. Remarks: (Use a second sheet if needed)		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 Bros 140 Business Name License No. Address Med Lodge Signed William A. Lyman Date 1-27-77 Authorized representative		

32 #10 100' 10 NE 1/4 NE

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

Form WWC-5