

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: <u>Barber</u>	Fraction: <u>SW 1/4 SW 1/4 SW 1/4</u>	Section number: <u>6</u>	Township number: <u>T 32 S</u>	Range number: <u>R 11 E/W</u>
2. Distance and direction from nearest town or city: <u>1 E Med Lodge</u>			3. Owner of well: <u>Harold Miller</u>		
Street address of well location if in city:			R.R. or street: <u>Medicine Lodge Rd 67104</u>		
City, state, zip code: <u>Medicine Lodge, KS 67104</u>					
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>4</u> in. Completion date: <u>8-6-76</u> Well depth <u>52</u> 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	
5. Type and color of material		From To		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	
		3011 0 3		9. Casing: Material <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>15</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>160</u> lbs./ft. Dia. <u>4</u> in. to <u>5 1/2</u> ft. depth Wall Thickness: inches or Dia. <u>4</u> in. to <u>5 1/2</u> ft. depth gage No. <u>1201055</u>	
		CLAY 3 18		10. Screen: Manufacturer's name <u>PERI-SS</u> Type <u>PVC</u> Dia. <u>4"</u> Slot/gauze <u>035</u> Length <u>10'</u> Set between <u>18</u> ft. and <u>32</u> ft. <u>47</u> ft. and <u>52</u> ft. Gravel pack? <input type="checkbox"/> Size range of material <u>20-40</u>	
		MED SAND 18 22		11. Static water level: <u>6</u> ft. below land surface Date <u>8-6-76</u> mo./day/yr.	
		MUD 22 31		12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>25</u> g.p.m.	
		FINE SAND 31 33		13. Water sample submitted: <u> </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u>	
		CLAY 33 47		14. Well head completion: <u>NA</u> <u> </u> Pitless adapter <u> </u> inches above grade	
		MED SAND 47 51		15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>15</u> ft.	
		STONE 51 52		16. Nearest source of possible contamination: ft. <u>50</u> Direction <u>N</u> Type <u>SEPTIC</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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	
(Use a second sheet if needed)					
18. Elevation:		19. Remarks:		20. Water well contractor's certification:	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		<u>SHOULD BE PAIRED by customer</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>LYMAN T. PROS 140</u> Business name <u> </u> License No. <u> </u> Address <u> </u> Signed <u>W.H. Prosser</u> Date <u>8-7-76</u> Authorized representative	

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