

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 Barber	Xaction NE 1/4 SW 1/4 SE 1/4	Section number 6	Township number T 32 S R 11W	Range number 11W	<input checked="" type="checkbox"/> E/W
2. Distance and direction from nearest town or city: 1E Medicine Lodge				3. Owner of well: Bill Musgrove			
Street address of well location if in city:				R.R. or street Medicine Lodge, Ks. 67104			
City, state, zip code:							
X Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 8 in. Completion date 11-23-76		Well depth 34 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				8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry		9. Casing: Material _____ Height: Above or below	
				<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock		Threaded _____ Welded _____ Surface _____ in.	
				<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.	
				9. Casing: Material _____ Height: Above or below		Dia. _____ in. to 34 ft. depth Wall Thickness: inches or	
				10. Screen: Manufacturer's name _____		Dia. _____ in. to _____ ft. depth gage No. 160	
				Type pvc Dia. 4		11. Static water level: _____ mo./day/yr.	
				Slot/gauze e35 Length 5'		15 ft. below land surface Date 10-2-76	
				Set between 29 ft. and 34 ft.		12. Pumping level below land surfaces:	
				Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2dn		_____ ft. after _____ hrs. pumping _____ g.p.m.	
				11. Static water level: _____ mo./day/yr.		_____ ft. after _____ hrs. pumping _____ g.p.m.	
				12. Pumping level below land surfaces:		Estimated maximum yield _____ g.p.m.	
				13. Water sample submitted: _____ mo./day/yr.		13. Well head completion:	
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		_____ Pitless adapter _____ inches above grade	
				14. Well head completion:		15. Well grouted? yes	
				_____ Pitless adapter _____ inches above grade		With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete	
				15. Well grouted? yes		Depth: From 3 ft. to 15 ft.	
				16. Nearest source of possible contamination:		16. Nearest source of possible contamination:	
				ft. 500 Direction w Type lot		ft. _____ Direction _____ Type _____	
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: _____ Not installed		17. Pump: _____ Not installed	
				Manufacturer's name JACKSON BROS		Manufacturer's name JACKSON BROS	
				Model number SS4B HP 3 Volts 230		Model number SS4B HP 3 Volts 230	
				Length of drop pipe 21 ft. capacity 10 g.p.m.		Length of drop pipe 21 ft. capacity 10 g.p.m.	
				Type:		Type:	
				<input checked="" type="checkbox"/> Submersible _____ Turbine		<input checked="" type="checkbox"/> Submersible _____ Turbine	
				<input type="checkbox"/> Jet _____ Reciprocating		<input type="checkbox"/> Jet _____ Reciprocating	
				<input type="checkbox"/> Centrifugal _____ Other		<input type="checkbox"/> Centrifugal _____ 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 checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		Cement to be poured by customer		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
				Lynard Bros 140			
				Business name _____ License No. _____			
				Address Med. Lodge			
				Signed W.H. [Signature] Date 1-16-77			
				Authorized representative			

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

Form WWC-5

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11W
6
NE SW SW