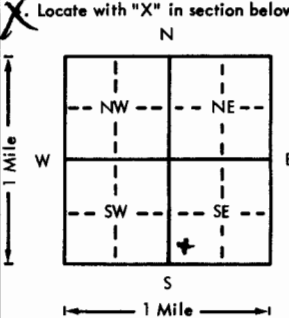USE TYPEWRITER OR BALL
POINT PEN—PRESS FIRMLY,
PRINT CLEARLY.

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	Fraction			Section number	Township number		Range number	X
	Barber	SW 1/4	SW4	SW4 5	6	T 32 S		R 11	E/W

2. Distance and direction from nearest town or city: 1E ML

Street address of well location if in city:

3. Owner of well:
R.R. or street:
City, state, zip code:

Alvin Capansky
RR Medicine, Lpd , Ks
67104

X. Locate with "X" in section below: Sketch map:

N

| NW | NE |
| SW | SE |

S

W — E

1 Mile

1 Mile

6. Bore hole dia. 8 in. Completion date 4-10
Well depth 59 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material ____ Height: Above or below
Threaded ____ Welded ____ Surface 20 in.
RMP____ PVC X Weight 292 lbs./ft.
Dia. 5 in. to 59 ft. depth Wall Thickness: inches or
Dia. __ in. to __ ft. depth gage No. 258

5. Type and color of material	From	To
soil and sand	0	5
clay	5	10
sand	10	15
clay	15	18
sand	18	25
clay	25	41
sand	41	45
clay	45	58
shale	58	59
(Use a second sheet if needed)		

10. Screen: Manufacturer's name ____
Pumpco
Type PVC Dia. 5
Slot/gauze 40 Length 5
Set between 40 ft. and 45 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material fdn

11. Static water level: mo./day/yr.
4 ft. below land surface Date 4-19-78

12. 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.

13. Water sample submitted: mo./day/yr.
Yes X No Date

X Well head completion: NAc
__ Pitless adapter __ inches above grade

15. Well grouted? ✓
With: ✓ Neat cement ____ Bentonite ____ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 75 Direction N Type Septic
Well disinfected upon completion? X Yes __ No

17. Pump: X Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
__ Hill
__ Slope
__ Upland
__ Valley

19. Remarks:

Customer to build pump house

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 Medicine Lod ge
Signed WH Lyman Date 5-1-
Authorized representative

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

Form WWC-5

M1-1023