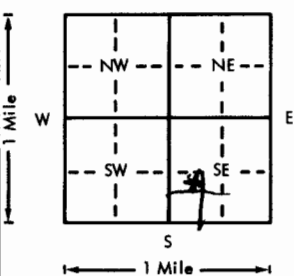


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 | Action NE 1/4 NW 1/4 SE 1/4 | Section number 7 | Township number T 32 S R 18 E/W | Range number 18 | | | | | | |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: IS 2 E ML | | | 3. Owner of well: Mike Platt R.R. or street: Medicine lodge, Ks. 67104 City, state, zip code: | | | | | | | | | |
| <input checked="" type="checkbox"/> Locate with "X" in section below:  | | Sketch map: | | 6. Bore hole dia. 8 in. Completion date _____ <input checked="" type="checkbox"/> Well depth 102 ft. 5-11-78 | | | | | | | | |
| 5. Type and color of material | | From To | | 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 | | | | | | | | |
| | | | | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">soil and sand</td> <td style="text-align: center;">0 14</td> </tr> <tr> <td style="text-align: center;">shale</td> <td style="text-align: center;">14 102</td> </tr> </table> | | | | soil and sand | 0 14 | shale | 14 102 | | | 9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface 27 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 292 lbs./ft. Dia. 5 in. to 102 ft. depth Wall Thickness 25/8 inches or Dia. _____ in. to _____ ft. depth gage No. _____ | | |
| | | | | | | | | | | | | |
| soil and sand | 0 14 | | | | | | | | | | | |
| shale | 14 102 | | | | | | | | | | | |
| 10. Screen: Manufacturer's name Pumpco Type P.C. Dia. 5 Slot/gauze 030 Length 20 Set between 82 ft. and 102 ft. _____ ft. and _____ ft. <input checked="" type="checkbox"/> Gravel pack? <input checked="" type="checkbox"/> Size range of material 5/16 | | | | | | | | | | | | |
| | | | | 11. Static water level: _____ mo./day/yr. 30 ft. below land surface Date 5-11-78 | | | | | | | | |
| | | | | 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 10 g.p.m. | | | | | | | | |
| | | | | 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____ | | | | | | | | |
| | | | | <input checked="" type="checkbox"/> Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade 15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 8 ft. to 18 ft. | | | | | | | | |
| | | | | <input checked="" type="checkbox"/> Nearest source of possible contamination: ft. _____ Direction Pasture Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| | | | | <input checked="" type="checkbox"/> Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe 90 ft. capacity 4 g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | | | | | | | | |
| 18. Elevation: | | 19. Remarks: | | 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. | | | | | | | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | Business name Lyman Bros License No. 140 Address ML Signed W.H. Lyman Date 5-26 Authorized representative | | | | | | | | |

32 110 W 7 N/E USE
 Sec 1/4 1/4 1/4 1/4

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

Form WWC-5