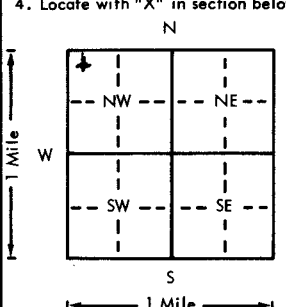
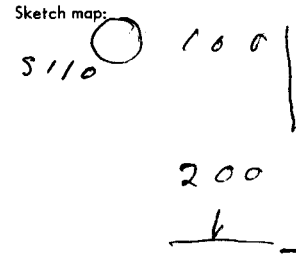


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>Barber</b>	Fraction <b>NW 1/4 NW 1/4 NW 1/4</b>	Section number <b>23</b>	Township number <b>32</b>	Range number <b>11</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>NE 28 Med Lodge</b>			3. Owner of well: <b>Howard Thoman</b> R.R. or street: <b>Sharon Ks.</b> City, state, zip code:		
4. Locate with "X" in section below: 			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <b>10</b> in. Completion date <b>6-4-77</b> Well depth <b>30</b> ft.
soil			0	3	7. 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
clay			3	18	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
fine silty sand			18	20	9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <b>15</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>292</b> lbs./ft. Dia. <b>5</b> in. to <b>30</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>258</b>
med " "			20	24	10. Screen: Manufacturer's name <b>Fearless</b> Type <b>PVC</b> Dia. <b>5</b> Slot/gauze <b>0.35</b> Length <b>5</b> Set between <b>19</b> ft. and <b>24</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>20</b>
shale			24	30	11. Static water level: _____ mo./day/yr. <b>15</b> ft. below land surface Date <b>6-4-77</b>
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
					13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>15</b> 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 <b>3</b> ft. to <b>13</b> ft.
					16. Nearest source of possible contamination: ft. <b>200</b> Direction <b>N</b> Type <b>lot</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: _____ Not installed Manufacturer's name <b>Dempster</b> Model number _____ HP <b>2</b> Volts <b>230</b> Length of drop pipe <b>24</b> ft. capacity <b>15</b> g.p.m. Type: <input checked="" 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:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:  <b>Slab to be poured by customer</b>		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. <b>Lyman Bros</b> <b>140</b> Business name License No. Address <b>ML</b> Signed <b>W. J. Lyman</b> Date <b>6-9-77</b> Authorized representative		

113  
 112  
 110  
 109  
 108  
 107  
 106  
 105  
 104  
 103  
 102  
 101  
 100  
 99  
 98  
 97  
 96  
 95  
 94  
 93  
 92  
 91  
 90  
 89  
 88  
 87  
 86  
 85  
 84  
 83  
 82  
 81  
 80  
 79  
 78  
 77  
 76  
 75  
 74  
 73  
 72  
 71  
 70  
 69  
 68  
 67  
 66  
 65  
 64  
 63  
 62  
 61  
 60  
 59  
 58  
 57  
 56  
 55  
 54  
 53  
 52  
 51  
 50  
 49  
 48  
 47  
 46  
 45  
 44  
 43  
 42  
 41  
 40  
 39  
 38  
 37  
 36  
 35  
 34  
 33  
 32  
 31  
 30  
 29  
 28  
 27  
 26  
 25  
 24  
 23  
 22  
 21  
 20  
 19  
 18  
 17  
 16  
 15  
 14  
 13  
 12  
 11  
 10  
 9  
 8  
 7  
 6  
 5  
 4  
 3  
 2  
 1

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

Form WWC-5