

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

SW

| | | | | | | | | |
|---|---|----|---------------------|----|----|----|----|--|
| 5 | 2 | 1 | 1 | 23 | 11 | 32 | 11 | |
| T | R | EW | sec 1/4 1/4 1/4 No. | | | | | |

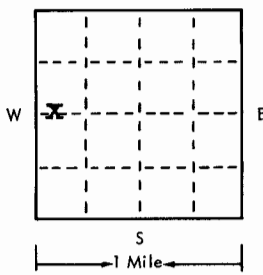
WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

SW SW NW

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|---------------------|----------------------|---------------|-------------------------------|--------------------------|-----------------------|------------------------|
| 1 Location of well: | County <u>Barber</u> | Township name | Fraction <u>SW 1/4 NE 1/4</u> | Section number <u>23</u> | Town number <u>32</u> | Range number <u>11</u> |
|---------------------|----------------------|---------------|-------------------------------|--------------------------|-----------------------|------------------------|

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|--|---|
| Distance and direction from nearest town or city: <u>6E 1s Med</u> | 3 Owner of well: <u>Herbert Coleman</u> |
| Street address of well location if in city: <u>Lodge</u> | Address: <u>Sharon Ks.</u> |

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| Locate with "X" in section below:  | Sketch map: 4 Well depth: <u>53</u> ft. Date of completion <u>22</u> Well diameter <u>7</u> in. 5 <input 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 6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> 7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. Diam. Weight <u>148</u> lbs./ft. <u>4</u> in. to <u>TD</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u> </u> in. to <u> </u> ft. depth |
|--|---|

| 2 | Type and color of material | From | To | 8 Screen: |
|---|----------------------------|------|----|--|
| | soil and clay | 0 | 10 | Manufacturer <u>Percless</u> Type <u>PVC</u> Dia. <u>7</u> Slot/gauze <u>2.5</u> Length <u>10</u> Set between <u>42</u> ft. and <u>52</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>20</u> |
| | fine sand | 10 | 21 | |
| | clay | 21 | 25 | |
| | 25 clay | 25 | 34 | |
| | fine sand | 34 | 44 | |
| | medium sand | 44 | 52 | |
| | shale | 52 | 53 | |
| | | | | 9 Static water level: <u>10</u> ft. below land surface Date <u> </u> |
| | | | | 10 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>10</u> g.p.m. |
| | | | | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u> |
| | | | | 12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>14</u> inches above grade |
| | | | | 13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> <u> </u> Depth: From <u>4</u> ft. to <u>15</u> ft. |
| | | | | 14 Nearest source of possible contamination: ft. <u> </u> Direction <u>NONE</u> Type <u> </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | 15 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.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |

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| 16 Remarks: elevation <p style="font-size: 1.5em; font-weight: bold; color: blue;">old well to be plugged by Mr. Coleman</p> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | 17 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. <u>LYMAN BROS 140A</u> Business name License No. Address <u>Med Lodge</u> Signature <u>William H. Lyman</u> Date <u>12-10</u> |
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32 11W 23 SW SW