

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 ne 1/4 nw 1/4</b>	Section number <b>7</b>	Township number <b>32</b>	Range number <b>12</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>5w ML</b>			3. Owner of well: <b>G.C. Vanderwork</b> R.R. or street: <b>Medicine Lodge, Ks.</b> City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <b>8</b> in. Completion date <b>12-18-78</b> Well depth <b>32</b> ft.	
5. Type and color of material		From		To	
		soil		0 3	
		clay		3 15	
		med silty sand		15 20	
		shale		20 32	
				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	
				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	
				9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>32</b> ft. depth Wall Thickness _____ inches or Dia. _____ in. to _____ ft. depth   gage No. <b>168</b>	
				10. Screen: Manufacture <b>Pumpeo</b> Type <b>pvc</b> Dia. <b>4</b> Slot/gauze <b>025</b> Length <b>5</b> Set between <b>15</b> ft. and <b>20</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2 dn</b>	
				11. Static water level: _____ mo./day/yr. <b>18</b> ft. below land surface Date <b>12-18-78</b>	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>5</b> g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. Yes _____ No <input checked="" type="checkbox"/> Date _____	
				14. 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 <b>0</b> ft. to <b>10</b> ft.	
				16. Nearest possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No	
				17. Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe <b>28</b> ft. capacity <b>5</b> 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	
				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 _____ Signed <b>W. W. Lyman</b> Date <b>12-22</b> Authorized representative	
18. Elevation:  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:  (Use a second sheet if needed)				

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

Form WWC-5