

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

32 12 W 11 SE SW 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

1 Location of well:		County BARBER	Township name Medicine Lodge	Fraction SW 1/4	Section number 11	Town number 32	Range number 12 W
Distance and direction from nearest town or city: SOUTH WEST OF CITY LIMITS				3 Owner of well: HAROLD C CARTER			
Street address of well location if in city: of Medicine Kansas				Address: MEDICINE LODGE KANSAS 67104			
Locate with "X" in section below:			Sketch map:			4 Well depth: 48 ft. Date of completion 10-23-75	
			<p>wheat field</p>			Well diameter 8 in. IS BORN HOLE	
						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"/> HUMAN	
						7 Casing: Material PVL Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 30 in. Diam. 5 in. to 48 ft. depth Weight _____ lbs./ft. Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2 Type and color of material		From	To	8 Screen:			
Top Soil		0	3	Manufacturer: Jess & Lowell			
Clay and sand		3	30	Type: PVL Dia. 5"			
Sand fine and clay		40	48	Slot/gauze 1/16 Length _____			
Water gravel				Set between 38 ft. and 48 ft.			
Bottom of well				Fittings:			
Dept 48 feet on clay				Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4			
Bottom				9 Static water level:			
				15 ft. below land surface Date 10-23-75			
				10 Pumping level below land surfaces:			
				_____ ft. after _____ hrs. pumping _____ g.p.m.			
				_____ ft. after NH hrs. pumping _____ g.p.m.			
				Estimated maximum yield _____ g.p.m.			
				11 Water sample submitted:			
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date 10-23-75			
				12 Well head completion:			
				<input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 30 inch inches above grade			
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				<input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____			
				Depth: From 1 ft. to 10 ft.			
				14 Nearest source of possible contamination: WHEAT FEED			
				ft. _____ Direction _____ Type _____			
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				15 Pump: <input checked="" type="checkbox"/> Not installed			
				Manufacturer's name _____			
				Model number _____ HP _____ Volts _____			
				Length of drop pipe _____ ft. capacity _____ g.m.p.			
				Type:			
				<input type="checkbox"/> Submersible <input type="checkbox"/> Turbine			
				<input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating			
				<input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
16 Remarks: elevation		17 Water well contractor's certification:					
Topography:		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.					
<input checked="" type="checkbox"/> Hill		WEBER WELL SERVICE 226					
<input type="checkbox"/> Slope		Business name Nashville Kansas License No. _____					
<input type="checkbox"/> Upland		Address Lawrence Date 10-23-75					
<input type="checkbox"/> Valley		Signed Leavell Authorized representative					

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