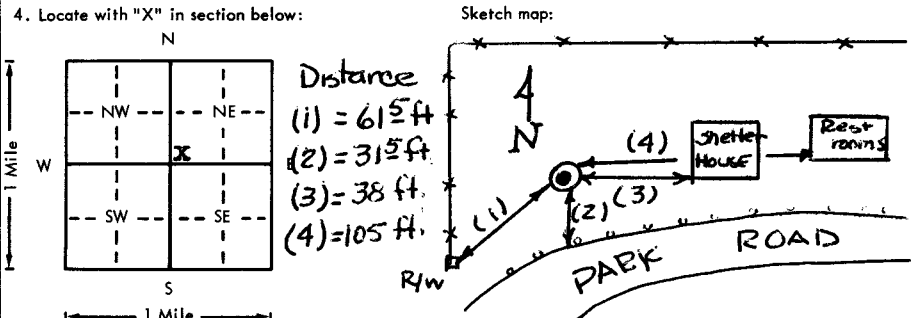


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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	Fraction SW 1/4 SW 1/4 NE 1/4	Section number 11	Township number T 32 S	Range number R 12 W
2. Distance and direction from nearest town or city: West of Medicine Lodge 1/2 mile Street address of well location if in city:			3. Owner of well: Kansas Department of Transportation R.R. or street: City, state, zip code: Topeka, Kansas		
4. Locate with "X" in section below: 			6. Bore hole dia. 8 1/2 in. Completion date 3/2/77 Well depth 59.5 ft.		
5. Type and color of material			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 checked="" 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		
			9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to 51 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____		
			10. Screen: Manufacturer's name _____ PVC pipe Type cut slots Dia. 1/8 inches Slot/gauze 1/8 inches Length _____ Set between 45 ft. and 50 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 inch		
			11. Static water level: 13.5 ft. below land surface Date 3/2/77 mo./day/yr.		
			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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____		
			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 26 ft. to 0 ft.		
			16. Nearest source of possible contamination: ft. 105 Direction east Type restroom Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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		
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			19. Remarks: A. Hand pump to be installed at a later date. B. Oil well located on topographic map 1/2 mile north west of this location. C. Well drilled with Revert drilling mud.		
			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. Ks. Dept. of Transportation Business name _____ License No. _____ Address Topeka, Kansas Signed [Signature] 603-8-78 Authorized representative		

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

Form WWC-5