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

WATER WELL RECORD
KSA 82a-1201-1215

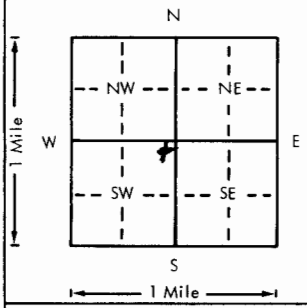
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
X	Barber	ne 1/4 ne 1/4 sw 1/4	26	T 32 S	X R 12 E W

X 2. Distance and direction from nearest town or city: 3 sw medicine lodge
Street address of well location if in city:

3. Owner of well: Glenn Bloom
R.R. or street:
City, state, zip code: Medicine lodge, K

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 8 in. Completion date
Well depth 133 ft. 6-4-79

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning X Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material
Threaded __ Welded __
RMP __ PVC X
Dia. 4 in. to 133 ft. depth
Dia. __ in. to __ ft. depth
Height: Above or below Surface 24 in.
Weight 12 lbs./ft.
Wall Thickness: inches or gage No. 173

5. Type and color of material	From	To
red shale	0	133

(Use a second sheet if needed)

10. Screen: Manufacturer's name pumpco
Type pvc Dia. 4"
Slot/gauze slot Length 30
Set between 103 ft. and 133 ft.
ft. and ft.
Gravel pack? no Size range of material

11. Static water level: mo./day/yr.
48 ft. below land surface Date 6-4-79

12. Pumping level below land surfaces:
ft. after hrs. pumping g.p.m.
ft. after hrs. pumping g.p.m.
Estimated maximum yield 3 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date

14. Well head completion:
__ Pitless adapter 22 Inches above grade

15. Well grouted? X
With: X Neat cement __ Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. Direction Pasture
Well disinfected upon completion? X Yes __ No

17. Pump: __ Not installed
Manufacturer's name
Model number HP Volts
Length of drop pipe 126 ft. capacity 5 g.p.m.
Type:
__ Submersible __ Turbine
__ Jet X Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
X Hill
__ Slope
__ Upland
__ Valley

19. Remarks:

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.
lyman Bros 140
Business name License No.
Address Medicine Lodge, Ks.
Signed W H Lyman Date 6-16-79
Authorized representative

32 T 12 R E W 26 Sec NENESW 1/4 1/4 1/4

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

Form WWC-5

MI-1023