

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 <u>Barber</u>	Fraction <u>NE 1/4 SW 1/4 SE 1/4</u>	Section number <u>21</u>	Township number <u>T 32 S R 13 E (W)</u>	Range number
2. Distance and direction from nearest town or city: <u>9 W 3 S of Medicine Lodge, Ks.</u>			3. Owner of well: <u>Mammie Hopkins</u>		
Street address of well location if in city:			R.R. or street:		
City, state, zip code: <u>Medicine Lodge Kans - 67104</u>					
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8.5</u> in. Completion date <u>3/1/1977</u>	
		<p style="text-align: center;"><u>Sloping grassland.</u></p>		Well depth <u>105</u> ft.	
				7. <input checked="" 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	
5. Type and color of material		From	To	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	
<u>Red top soil</u>		<u>0</u>	<u>3</u>	9. Casing: Material <u>PIES</u> Height: (Above or below) <u>18</u> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>5</u> in. to <u>105</u> ft. depth   Wall Thickness: inches or Dia. <u>5</u> in. to <u>105</u> ft. depth   gage No. <u>200</u>	
<u>Red Clay &amp; Silt</u>		<u>3</u>	<u>33</u>	10. Screen: Manufacturer's name <u>JTL</u> <u>OKla City, OKla</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/16</u> Length <u>40ft</u> Set between <u>3 to 50</u> ft. and <u>80 to 100</u> ft. <u>ft.</u> and <u>ft.</u> Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8 - 3/8</u>	
<u>Red Shale</u>		<u>33</u>	<u>68</u>	11. Static water level: <u>20</u> ft. below land surface Date <u>3/1-1977</u> mo./day/yr.	
<u>Shale and gyp rock</u>		<u>68</u>	<u>80</u>	12. Pumping level below land surfaces: <u>Bailed</u> <u>ft.</u> after <u>hrs.</u> pumping <u>g.p.m.</u> <u>ft.</u> after <u>hrs.</u> pumping <u>g.p.m.</u> Estimated maximum yield <u>2 1/2</u> g.p.m.	
<u>Shale (red)</u>		<u>80</u>	<u>105</u>	13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>3/1-1977</u> mo./day/yr.	
				14. Well head completion: <u>Pitless adapter</u> <u>18</u> Inches above grade	
				15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
				16. Nearest source of possible contamination: <u>NONE</u> ft. <u>ft.</u> Direction <u>ft.</u> Type <u>ft.</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: <u>Windmill</u> <input type="checkbox"/> Not installed Manufacturer's name <u>Windmill</u> Model number <u>HP</u> <u>Volts</u> Length of drop pipe <u>ft.</u> capacity <u>g.p.m.</u> Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input checked="" type="checkbox"/> Other <u>Windmill</u>	
				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. <u>Leh &amp; Soh</u> <u>141</u> Business name License No. Address <u>132 E. OK. Blv. - A114 OK</u> Signed <u>Carl Sell</u> Date <u>3/1/77</u> Authorized representative	
18. Elevation:	19. Remarks:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 32 S R 13 E (W)  
 NE SW SE  
 1/4 1/4 1/4

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

Form WWC-5