

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 NE 1/4 NE 1/4 NE 1/4	Section number 29	Township number T 32 S R 13	Range number 13	(EW)
2. Distance and direction from nearest town or city: 10 W - 4 S of Medicine Lodge KS Street address of well location if in city:				3. Owner of well: Mammie Hopkins R.R. or street: City, state, zip code: Medicine Lodge Kans 67104			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 8 1/2 in. Completion date 3/3/77 Well depth 86 ft.			
		<p style="text-align: center;">Slope grassland.</p>		7. <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			
				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			
5. Type and color of material		From	To	9. Casing: Material plts Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight 200 lbs./ft. Dia. 5 in. to 8 1/2 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 200			
Red top soil		0	2	10. Screen: Manufacturer's name J+L OKIA CITY, OK. Type Rmp Dia. 5" Slot/gauze 1/16 Length 40 Set between 30 ft. and 40 ft. 60 ft. and 80 ft. Gravel pack? Yes Size range of material 18-30			
Red clay + silt		2	30	11. Static water level: <input type="checkbox"/> mo./day/yr. 15 ft. below land surface Date 3/3/77			
Red shale		30	86	12. Pumping level below land surfaces: Bailed <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 5 g.p.m.			
				13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date			
				14. Well head completion: 18 inches above grade <input type="checkbox"/> Pitless adapter			
				15. Well grouted? yes With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.			
				16. Nearest source of possible contamination: None ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump: Windmill <input type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input checked="" type="checkbox"/> Other Windmill			
				(Use a second sheet if needed)			
18. Elevation:		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. Lehitson 141 Business name 132 E. OK. Blv. - Atua, OK. License No. <input type="checkbox"/> Address Carl Jell Date 3/12/77 Signed <input type="checkbox"/> Authorized representative			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

32 130 29 NE NE NE

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

Form WWC-5