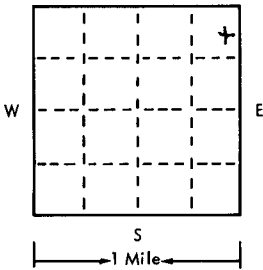


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 NENE	Fraction	Section number 9	Town number 325	Range number R14W		
Distance and direction from nearest town or city: 14 W ML Street address of well location if in city: ON 160 WY				3 Owner of well: RONALD HOAGLAND Address: SUN CITY				
Locate with "X" in section below: N  W E S 1 Mile		Sketch map: well X 200ft BARN		4 Well depth: 31 ft. Date of completion 1-12-76 Well diameter 7 in.				
2 Type and color of material		From		To		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"/>		
		SOIL		0		8		7 Casing: Material PKC Height: <u>above/below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 36 in. Diam. _____ Weight 160 lbs./ft. _____ 4 in. to 31 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth
		SAND		8		13		8 Screen: DEER LOGS Manufacturer _____ Type DVC Dia. 4" Slot/gauze 0.35 Length 10ft Set between 16 ft. and 20 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____
		SHALE		13		31		9 Static water level: 10 ft. below land surface Date 1-10-76
								10 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.
								11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
								12 Well head completion: NA <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 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 10 ft. to 0 ft.
								14 Nearest source of possible contamination: ft. 200 Direction E Type LOT 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 Ch1 150 Topography: TH 140 GA <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				17 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 _____ Signed W.H. Lyman Date 1-12-76 Authorized representative				

32 14W 9 NENE

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5