

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 <b>Barber</b>	Fraction nw 1/4    nw 1/4    se 1/4	Section number <b>17</b>	Township number <b>32</b>	Range number <b>14</b>																
2. Distance and direction from nearest town or city: <b>13 SW Medicine Lodge</b>			3. Owner of well: <b>Gene Bell</b> R.R. or street: <b>Medicine Lodge, Ks.</b> City, state, zip code:																		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 																		
5. Type and color of material			6. Bore hole dia. <u>8</u> in. Completion date <u>6-14-79</u> Well depth <u>42</u>																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"><b>clay</b></td> <td style="width:10%; text-align: center;">From</td> <td style="width:10%; text-align: center;">To</td> <td style="width:30%;"></td> </tr> <tr> <td style="text-align: center;"><b>med sand</b></td> <td style="text-align: center;">0</td> <td style="text-align: center;">12</td> <td></td> </tr> <tr> <td style="text-align: center;"><b>sahle</b></td> <td style="text-align: center;">12</td> <td style="text-align: center;">40</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">40</td> <td style="text-align: center;">42</td> <td></td> </tr> </table>			<b>clay</b>	From	To		<b>med sand</b>	0	12		<b>sahle</b>	12	40			40	42		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		
<b>clay</b>	From	To																			
<b>med sand</b>	0	12																			
<b>sahle</b>	12	40																			
	40	42																			
			8. 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"/> 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 <u>15</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>42</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>258</u>																		
			10. Screen: Manufacturer's name <u>Pumpco</u> Type <u>pvc</u> Dia. <u>5</u> Slot/gauze <u>025</u> Length <u>10</u> Set between <u>32</u> ft. and <u>42</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 dn</u>																		
			11. Static water level: _____ mo./day/yr. <u>31</u> ft. below land surface Date <u>3-4-79</u>																		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> g.p.m.																		
			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____																		
			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>15</u> Inches above grade																		
			15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>15</u> ft.																		
			16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ 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																		
			(Use a second sheet if needed)																		
18. Elevation:		19. Remarks: <b>Slab to be poured by customeer</b>		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. <b>Lyman Bros</b> <u>140</u> Business name <b>ML</b> License No. Address _____ Signed <u>W. H. Lyman</u> Date <u>6-16-79</u> Authorized representative																	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley																					

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1/4

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

Form WWC-5