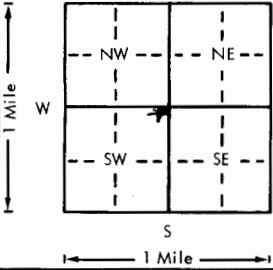


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

<input checked="" type="checkbox"/> 1. Location of well:	County Comache	Fraction ne 1/4 ne 1/4 sw 1/4	Section number 28	Township number T 32	Range number S R 16 18 EW
<input checked="" type="checkbox"/> 2. Distance and direction from nearest town or city: Street address of well location if in city:	7 s sw Wilm ore 460		3. Owner of well: Anna Nielsen R.R. or street: City, state, zip code: Coldwater, Ks		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>79</u> ft. <u>6-7-79</u>
soil			0	4	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
sand			4	22	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
clay			22	24	9. Casing: Material _____ Height: <u>above</u> or below Threaded _____ Welded _____ Surface <u>22</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>155</u> lbs./ft. Dia. <u>4</u> in. to <u>79</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>173</u>
sand			24	48	10. Screen: Manufacturer's name _____ Pumpco Type <u>pvc</u> Dia. <u>4</u> Slot/gauze <u>slot</u> Length <u>10</u> Set between <u>69</u> ft. and <u>79</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 dn</u>
clay			48	51	11. Static water level: _____ mo./day/yr. <u>42</u> ft. below land surface Date <u>6-7-79</u>
sand			51	78	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.
red shale			78	79	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>20</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>0</u> ft. to <u>12</u> ft.
					16. Nearest source of possible contamination: ft. _____ Dir. <u>Pasture</u> 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 <u>54</u> ft. capacity <u>4</u> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
(Use a second sheet if needed)					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>Lyman Bros.</u> <u>140</u> Business name License No. Address <u>Medicine Lodge, Ks.</u> Signed <u>W. H. Lyman</u> Date <u>6-7-79</u> Authorized representative
18. Elevation:	19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 32 R 18 EW
S 28
1/4 N 1/4 SW

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

Form WWC-5