

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                        |              |  |                   |           |           |  |                     |           |           |  |              |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|--------------|--|-------------------|-----------|-----------|--|---------------------|-----------|-----------|--|--------------|-----------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>1. Location of well:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | County <b>Barber</b>                                               | Fraction <b>nw 1/4 nw 1/4 SW 1/4</b> | Section number <b>27</b>                                                                                                                                                                                                                                                                                                                                                                                         | Township number <b>33</b> | Range number <b>13</b> | <b>E 13</b>  |  |                   |           |           |  |                     |           |           |  |              |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| <b>2. Distance and direction from nearest town or city:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         | Street address of well location if in city: <b>1/2 SW ML 938 W</b> |                                      | <b>3. Owner of well: Robert Thompson</b><br>R.R. or street: <b>Med. Ldge Ks.</b><br>City, state, zip code:                                                                                                                                                                                                                                                                                                       |                           |                        |              |  |                   |           |           |  |                     |           |           |  |              |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| <b>4. Locate with "X" in section below:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                      | <b>6. Bore hole dia. 8 in. Completion date 4-24-79</b><br>Well depth <b>72</b> ft.                                                                                                                                                                                                                                                                                                                               |                           |                        |              |  |                   |           |           |  |                     |           |           |  |              |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| Sketch map:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                      | <b>7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug</b><br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary                                                                                                                                       |                           |                        |              |  |                   |           |           |  |                     |           |           |  |              |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| <b>5. Type and color of material</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                      | <b>8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry</b><br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                                         |                           |                        |              |  |                   |           |           |  |                     |           |           |  |              |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"></td> <td style="width:35%;"><b>clay</b></td> <td style="width:10%;">From <b>0</b></td> <td style="width:10%;">To <b>16</b></td> </tr> <tr> <td></td> <td><b>silty sand</b></td> <td><b>16</b></td> <td><b>18</b></td> </tr> <tr> <td></td> <td><b>clay and mud</b></td> <td><b>18</b></td> <td><b>72</b></td> </tr> <tr> <td></td> <td><b>shale</b></td> <td><b>72</b></td> <td></td> </tr> </table> |                                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>clay</b>               | From <b>0</b>          | To <b>16</b> |  | <b>silty sand</b> | <b>16</b> | <b>18</b> |  | <b>clay and mud</b> | <b>18</b> | <b>72</b> |  | <b>shale</b> | <b>72</b> |  | <b>9. Casing: Material <input checked="" type="checkbox"/> Thru</b><br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>22</b> in.<br>RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>282</b> lbs./ft.<br>Dia. <b>5</b> in. to <b>72</b> ft. depth   Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth   gage No. <b>258</b> |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>clay</b>               | From <b>0</b>          | To <b>16</b> |  |                   |           |           |  |                     |           |           |  |              |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>silty sand</b>                                                  | <b>16</b>                            | <b>18</b>                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                        |              |  |                   |           |           |  |                     |           |           |  |              |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>clay and mud</b>                                                | <b>18</b>                            | <b>72</b>                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                        |              |  |                   |           |           |  |                     |           |           |  |              |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>shale</b>                                                       | <b>72</b>                            |                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                        |              |  |                   |           |           |  |                     |           |           |  |              |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                      | <b>10. Screen: Manufacturer's name <b>pumpco</b></b><br>Type <b>pvc</b> Dia. <b>5</b><br>Slot/gauze <b>025</b> Length <b>55</b><br>Set between <b>17</b> ft. and <b>72</b> ft.<br><input type="checkbox"/> ft. and <input type="checkbox"/> ft.<br>Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2 in</b>                                                                         |                           |                        |              |  |                   |           |           |  |                     |           |           |  |              |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                      | <b>11. Static water level: <b>15</b> ft. below land surface Date <b>3-5-79</b></b><br>mo./day/yr.                                                                                                                                                                                                                                                                                                                |                           |                        |              |  |                   |           |           |  |                     |           |           |  |              |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                      | <b>12. Pumping level below land surfaces:</b><br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield <b>5</b> g.p.m.                                                                                                                                                                                                                         |                           |                        |              |  |                   |           |           |  |                     |           |           |  |              |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                      | <b>13. Water sample submitted: ____ mo./day/yr.</b><br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date ____                                                                                                                                                                                                                                                                             |                           |                        |              |  |                   |           |           |  |                     |           |           |  |              |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                      | <b>14. Well head completion:</b><br><input type="checkbox"/> Pitless adapter <b>22</b> Inches above grade                                                                                                                                                                                                                                                                                                        |                           |                        |              |  |                   |           |           |  |                     |           |           |  |              |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                      | <b>15. Well grouted? <input checked="" type="checkbox"/></b><br>With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <b>10</b> ft. to ____ ft.                                                                                                                                                                              |                           |                        |              |  |                   |           |           |  |                     |           |           |  |              |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                      | <b>16. Nearest source of possible contamination:</b><br>ft. <b>pasture</b> Direction ____ Type ____<br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                     |                           |                        |              |  |                   |           |           |  |                     |           |           |  |              |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                      | <b>17. Pump: ____ Not installed</b><br>Manufacturer's name ____<br>Model number ____ HP ____ Volts ____<br>Length of drop pipe <b>65</b> ft. capacity <b>4</b> g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input checked="" type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                           |                        |              |  |                   |           |           |  |                     |           |           |  |              |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| (Use a second sheet if needed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                        |              |  |                   |           |           |  |                     |           |           |  |              |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| <b>18. Elevation:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>19. Remarks:</b>                                                |                                      | <b>20. Water well contractor's certification:</b><br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Lyman Bros</b> <b>140</b><br>Business name License No.<br>Address <b>Med. Ldge</b><br>Signed <b>W. L. Goren</b> Date <b>4-16-79</b><br>Authorized representative                                                                          |                           |                        |              |  |                   |           |           |  |                     |           |           |  |              |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                        |              |  |                   |           |           |  |                     |           |           |  |              |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |

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