

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 <b>BARBER</b>	Township name	Fraction <b>SW SW SW</b>	Section number <b>30</b>	Town number <b>33</b>	Range number <b>13</b>
2 Distance and direction from nearest town or city: <b>LOW-160 S.</b>			3 Owner of well: <b>O'DAIR BOWEN</b>			
Street address of well location if in city: <b>MED LODGE</b>			Address: <b>RT1 MED LODGE</b>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>58</b> ft. Date of completion: <b>5-5-76</b>		
				Well diameter <b>8</b> in.		
				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		
				7 Casing: Material <b>PVC</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. Diam. _____ Weight _____ lbs./ft. _____ <b>4</b> in. to <b>54</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
2		Type and color of material		From	To	
		Soil		0	5	
		CLAY & SAND		5	12	
		MED SAND		12	38	
		HARD SAND STONE		38	41	
		RED SHALE		41	53	
				8 Screen: Manufacturer <b>Peerless</b> Type <b>PVC</b> Dia. <b>4"</b> Slot/gauze <b>0.35</b> Length <b>10</b> Set between <b>44</b> ft. and <b>54</b> ft. Fittings: <b>1/2 DN</b> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
				9 Static water level: <b>30</b> ft. below land surface Date <b>5-5-76</b>		
				10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>10</b> g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <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 <b>7</b> ft. to <b>45</b> ft.		
				14 Nearest source of possible contamination: ft. <b>160</b> Direction <b>S</b> Type <b>POSTAGE</b> 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.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		
16 Remarks: elevation <b>chl 100 PPM</b> Topography: <input type="checkbox"/> Hill <b>THd 17 gn.</b> <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. <b>LYMAN BIRUS 146</b> Business name _____ License No. _____ Address <b>M L</b> Signed <b>W H Lyman</b> Date <b>5-5-76</b> Authorized representative		

33 13W 30 S 30 25 20 15 10 5

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

Form WWC-5