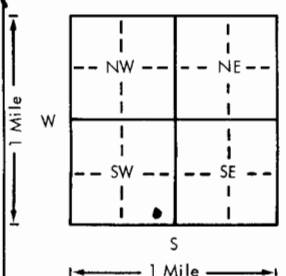


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Barber	X Fraction se 1/4 se 1/4 ^{9W} 1/4	Section number 34	Township number T 33 S	Range number R 15 E
2. Distance and direction from nearest town or city: Street address of well location if in city: 18w 10 1/2 s Medicine Lodge		3. Owner of well: Jim Mitchell R.R. or street: Lake City City, state, zip code: Lake City 8			
4. Locate with "X" in section below: Sketch map: 		6. Bore hole dia. 4 1/2 in. Completion date 11-11-78 Well depth 47 ft.			
5. Type and color of material		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			
		8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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			
From To		9. Casing: Material <input type="checkbox"/> Thru <input type="checkbox"/> Welded <input type="checkbox"/> Surface 22 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 6 lbs./ft. Dia. 5 in. to 48 depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 258			
		10. Screen: Manufacturer's name Pumpco Type pvc Dia. 5 Slot/gauze 025 Length 31 1/2 Set between 38 ft. and 48 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2 dn			
(Use a second sheet if needed)		11. Static water level: 12 ft. below land surface Date 11-11-78 mo./day/yr.			
		12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 7 g.p.m.			
18. Elevation:		13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____			
		14. Well head completion: <input type="checkbox"/> Pitless adapter 22 inches above grade			
19. Remarks:		15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 15 ft.			
		16. Nearest source of possible contamination: Pasture ft. 0 Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		17. Pump: <input type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe 36 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			
		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. lyman Bros 140 Business name License No. Address Med Lodge Signed W. B. Lyman Date 11-11 Authorized representative			

T 33
 R 15
 E 34
 SE
 SE
 SW

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

Form WWC-5