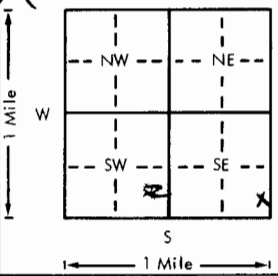


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <b>se 1/4 se 1/4 se 1/4</b>	Section number <b>22</b>	Township number <b>34</b>	Range number <b>12W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>6 W 15s 2 1/2 W ML</b>			3. Owner of well: <b>Oliver Bell</b> R.R. or street: <b>RR Med Lodge</b> City, state, zip code: <b>KS 67104</b>		
4. Locate with "X" in section below: 		Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>32</b> ft. <b>8-7-79</b>	
5. Type and color of material		From		To	
		soil		0 8	
		med. clean sand		8 18	
		clay		18 32	
				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 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: <u>Above</u> or below Threaded _____ Welded _____ Surface <b>15</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>282</b> lbs./ft. Dia. <b>5</b> in. to <b>32</b> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth gage No. <b>258</b>	
				10. Screen: Manufacturer's name <b>Pumpco</b> Type <b>pvc</b> Dia. <b>5</b> Slot/gauze <b>025</b> Length <b>10</b> Set between <b>12</b> ft. and <b>22</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3dn</b>	
				11. Static water level: _____ mo./day/yr. <b>8</b> ft. below land surface Date <b>8-7-79</b>	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>15</b> g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>15</b> 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 <b>3</b> ft. to <b>15</b> ft.	
				16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>SW</b> Type <b>Barn</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. 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 type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
		(Use a second sheet if needed)			
18. Elevation:		19. Remarks: <b>customer to pour slab</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> <b>140</b> Business name License No. Address <b>ML</b> Signed <b>W M Lyman</b> Date <b>8-25-79</b> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

34  
 12W  
 22  
 SESESE  
 1/4 1/4 1/4

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

Form WWC-5