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	Township name	Fraction	Section number	Town number	Range number
	Butler	Pleasant	C	15	28S	3 E

Distance and direction from nearest town or city: 2 miles East, of Rose Hill, Ks. on 31st So. ½ mile so.,

Street address of well location if in city:

3 Owner of well: Larry Brandon

Address: 550 East Harmon Oklahoma City, Oklahoma

Locate with "X" in section below: Sketch map ¼ mile East

N / W / E / S / 1 Mile

4 Well depth: 120 ft. Date of completion 4-28-75
Well diameter 11 in.

5 [ ] Cable tool [X] Rotary [ ] Driven [ ] Dug [ ] Hollow rod [ ] Jetted [ ] Bored [ ] Reverse rotary

6 Use: [X] Domestic [ ] Public supply [ ] Industry [ ] Irrigation [ ] Air conditioning [ ] Commercial [ ] Test well [ ]

7 Casing: Material Styrene Height: above/below ///
Threaded [ ] Welded [ ] Surface 12 in.
Diam. 5 in. to 120 ft. depth Weight ___ lbs./ft.
___ in. to ___ ft. depth Drive shoe? [ ] Yes [ ] No

2 Type and color of material	From	To
Dirt and Top Soil	0	3
Blue Shale	3	120

8 Screen:
Manufacturer Sunflower Plastic
Type Styrene Dia. 5"
Slot/gauze .005 Length 80'
Set between 40 ft. and 120 ft.
Fittings:
Gravel pack [X] Yes [ ] No Size range of material ¼ - 1/8"

9 Static water level:
35 ft. below land surface Date 4-28-75

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

11 Water sample submitted:
[ ] Yes [ ] No Date ___

12 Well head completion: capped
[ ] Pitless adapter 12 [X] Inches above grade

13 Well grouted? [X] Yes [ ] No
[X] Neat cement [ ] Bentonite [ ] ___
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 50 Direction West Type Septic
Well disinfected upon completion? [X] Yes [ ] No

15 Pump: [X] Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
[ ] Submersible [ ] Turbine
[ ] Jet [ ] Reciprocating
[ ] Certrifugal [ ] Other

(use a second sheet if needed)

16 Remarks: elevation

Topography:
[ ] Hill
[X] Slope
[ ] Upland
[ ] 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.
Harp Well & Pump 236
Business name License No.
Address Wichita, Kansas 67209
Signed M. Arnold Date 4-30-75
Authorized representative

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

Form WWC-5

677-H