

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

26 12 W 28 C NE SW
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

Briggman #2

1 Location of well: County Pratt		Township name C NE SW	Fraction 28	Section number 26 S	Town number 12 W	Range number
Distance and direction from nearest town or city: 1- north least 1/2 north of Duba				3 Owner of well: Search Drilling Co Wichita, KS Briggman #1		
Street address of well location if in city:		Sketch map:		4 Well depth 125 ft. Date of completion 5-1-75 Well diameter 2 1/2 in.		
Locate with "X" in section below: N W E 1 Mile		Sketch map: 		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		
2 Type and color of material		From	To	6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> Oil Field H ₂ O Supply		
				7 Casing: Material Plastic Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 4 in. Digm. RMP Weight 126 lbs./ft. 100 4 in. to 125 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth		
				8 Screen: Manufacturer Gen + Lowell Type AB PM Dia. 4 Slot/gauze slit Length 40 Set between 100 ft. and 125 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4		
				9 Static water level: 35 ft. below land surface Date 5-1-75		
				10 Pumping level below land surfaces: ___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield 200 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 12 <input type="checkbox"/> Inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> ___ Depth: From 0 ft. to 10 ft.		
				14 Nearest source of possible contamination: Salt ft. 100 Direction East Type water Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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.m.p. 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		
16 Remarks: elevation		(use a second sheet if needed)		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. Myers Water Well 1413 Business name _____ License No. _____ Address Spout Bend, KS Signed Robert Myers Date 5-1-75 Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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