

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>KINGMAN</b>	Township name	Fraction <b>SWNWNE</b>	Section number <b>33</b>	Town number <b>27S</b>	Range number <b>7W</b>
---------------------	--------------------------	---------------	---------------------------	-----------------------------	---------------------------	---------------------------

Distance and direction from nearest town or city: **3 E & N**

Street address of well location if in city:

3 Owner of well: **RA GRABER**

Address: **R2 KINGMAN KS**

Locate with "X" in section below:

Sketch map:

SW 1/4 SW 1/4 NE 1/4  
33 27 - 7

4 Well depth: ~~55~~ **53** ft. Date of completion: **7-10-75**

Well diameter **8** in.

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

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

7 Casing: Material **MPC** Height: above/below  
Threaded  Welded  Surface **24** in.  
Diam. \_\_\_\_\_ Weight \_\_\_\_\_ lbs./ft. \_\_\_\_\_  
**4** in. to **53** ft. depth Drive shoe?  Yes  No

2	Type and color of material	From	To
	<b>S&amp;S-Clay</b>	<b>0</b>	<b>8</b>
	<b>SAND</b>	<b>8</b>	<b>12</b>
	<b>SHALE</b>	<b>12</b>	<b>53</b>

(use a second sheet if needed)

8 Screen: Manufacturer **peerless**

Type **PIC** Dia. **4 1/2**

Slot/gauze \_\_\_\_\_ Length **40'**

Set between **13** ft. and **40** ft.

Fittings: **KDN**

Gravel pack  Yes  No Size range of material \_\_\_\_\_

9 Static water level: **6** ft. below land surface Date **7-10-75**

10 Pumping level below land surfaces:  
\_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping \_\_\_\_\_ g.p.m.  
\_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping \_\_\_\_\_ g.p.m.  
Estimated maximum yield **20** g.p.m.

11 Water sample submitted:  
 Yes  No Date \_\_\_\_\_

12 Well head completion: **24**  
 Pitless adapter  Inches above grade

13 Well grouted?  Yes  No  
 Neat cement  Bentonite  \_\_\_\_\_  
Depth: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

14 Nearest source of possible contamination:  
ft. **100** Direction **W** Type **Creek**  
Well disinfected upon completion?  Yes  No

15 Pump:  Not installed  
Manufacturer's name \_\_\_\_\_  
Model number \_\_\_\_\_ HP \_\_\_\_\_ Volts \_\_\_\_\_  
Length of drop pipe \_\_\_\_\_ ft. capacity \_\_\_\_\_ g.m.p.  
Type:  
 Submersible  Turbine  
 Jet  Reciprocating  
 Centrifugal  Other

16 Remarks: elevation

Topography:  
 Hill  
 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.

**LYMAN BROS 140**  
Business name License No.

Address \_\_\_\_\_  
Signed **W. Lyman** Date **7-8-75**  
Authorized representative

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

Form WWC-5