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)
Farbes-Bldg. 740
Topeka, Kansas 66620

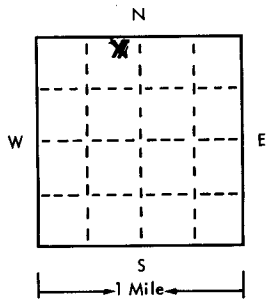
1 Location of well: County	Township name	Fraction	Section number	Town number	Range number
KIOWA		NE NW NW	15	30	17 W

Distance and direction from nearest town or city: 8 W Belvidere

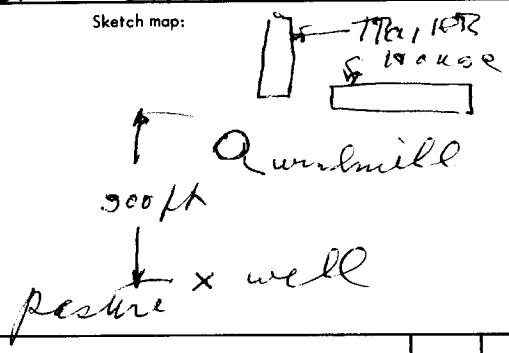
Street address of well location if in city: BEAN CAMP

3 Owner of well: RICHARD ROBBINS
Address: BOX 100 PRATT KS

Locate with "X" in section below:



Sketch map:



4 Well depth: 31 ft. Date of completion 10-4-75
Well diameter 10 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 ☐ Stock

7 Casing: Material PVC Height: above/below
Threaded ☐ Welded ☒ Surface ___ in.
Diam. 6 in. to 30 ft. depth Weight ___ lbs./ft.
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☒ No

2 Type and color of material	From	To
SOIL & SAND	0	10
MED to COARSE SAND	10	14
BLACK CLAY	14	16
COARSE SILTY SAND	16	24
SILTY DIRTY SAND	24	33
FINE SAND	33	35
(use a second sheet if needed)		

8 Screen:
Manufacturer Peerless
Type PVC Dia. 6
Slot/gauze .035 Length 8
Set between 16 ft. and 24 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material ___

9 Static water level:
10 ft. below land surface Date ___

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 30 g.p.m.

11 Water sample submitted: 200 PPM Chl
☐ Yes ☒ No Date 12-4-75

12 Well head completion:
☒ Pitless adapter ☐ 42 inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentanite ☐ ___
Depth: From 3 ft. to 15 ft.

14 Nearest source of possible contamination:
ft. 300 Direction N Type LOT
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
☐ Certrifugal ☐ 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 140M
Business name License No.
Address M L
Signed W H Lyman Date 12-24-75
Authorized representative

30 17W 15 NE NW NW

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

Form WWC-5

677-H