

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 HARPER	Fraction SW 1/4 SW 1/4 SW 1/4	Section number 14	Township number T 31 S R PL E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below:			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. 8 in. Completion date 6-12-96 Well depth 55 ft. 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: Above or below Threaded _____ Welded _____ Surface 7 1/4 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 17 1/2 lbs./ft. Dia. 4 in. to 55 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 10
					10. Screen: Manufacturer's name pitless
					Type PVC Dia. 4 1/2
					Slot/gauze 0.35 Length 20
					Set between 35 ft. and 55 ft.
					Gravel pack NO Size range of material _____
					11. Static water level: _____ mo./day/yr. 18 ft. below land surface Date 6-12-96
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 6 g.p.m.
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ 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 3 ft. to 15 ft.
					16. Nearest source of possible contamination: HOGS ft. 200 Direction E Type HOGS Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: _____ Not installed Manufacturer's name TACUZZI Model number 5540 HP 1/2 Volts 230 Length of drop pipe 50 ft. capacity 5 g.p.m. Type: <input checked="" 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:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	CUSTOMER PLACE SIAB		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. LYMAN GRAS 140 Business name License No. Address ML Signed W.A. [Signature] Date 7-1-96 Authorized representative		

3-1-10-14
 Sec 14
 SUSSESW

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

Form WWC-5