

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 HARPER	Township name	Fraction SESESW	Section number 16	Town number 6W 315	Range number 315 6W
Distance and direction from nearest town or city: 2 1/2 E 3 N HARPER			3 Owner of well: HYM RATOR Address: RAGO, KS			
Locate with "X" in section below: 			4 Well depth: 65 ft. Date of completion: 11-1-75 Well diameter 8 in.			
2 Type and color of material			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			
			6 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"/> Commercial <input type="checkbox"/> Test well			
From			7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface NE in. Diam. _____ Weight _____ lbs./ft. _____ 4 in. to 65 ft. depth! Drive shoe? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth!			
To			8 Screen: Manufacturer Peerless Type PC Dia. 4 Slot/gauze 0.35 Length 45 Set between 30 ft. and 65 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____			
Soil			9 Static water level: 12 ft. below land surface Date 11-1-75			
Red shale			10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 5 g.p.m.			
			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
			12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
			13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 3 ft. to 15 ft.			
			14 Nearest source of possible contamination: ft. 200 Direction NE Type CREEK Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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			
(use a second sheet if needed)						
16 Remarks: elevation			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 W.D. LIPER License No. Address LYMAN 171 Signed W.A. Lyman Date 11-5-75 Authorized representative			

316W 16 SE SE SW