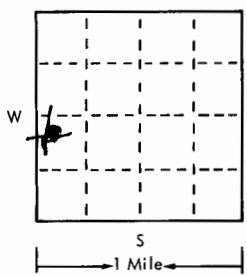


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

31 6W 18 NWNW 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

1 Location of well:	County <b>HARPER</b>	Township name	Fraction <b>NWNW SW</b>	Section number <b>18</b>	Town number <b>315</b>	Range number <b>6W</b>		
Distance and direction from nearest town or city: <b>4 1/2 N HARPER</b>			3 Owner of well: <b>H Scarlett</b>					
Street address of well location if in city:			Address:					
Locate with "X" in section below: N 			Sketch map: <b>NW 1/4 NW 1/4 SW 1/4</b>			4 Well depth: <b>57</b> ft. Date of completion <b>9-5-75</b> Well diameter <b>2</b> in.		
2 Type and color of material			From		To			
			5 11 SAND clay		0	10	8 Screen: Manufacturer <b>Peerless</b> Type <b>PRE</b> Dia. <b>4</b> Slot/gauze <b>0.35</b> Length <b>4</b> Set between <b>51</b> ft. and <b>55</b> ft.	
			SAND		10	21	Fittings: <b>1/2 BWV</b> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material	
			CLAY		21	25	9 Static water level: <b>31</b> ft. below land surface Date <b>9-5-75</b>	
			FINE SAND w/clay		25	45	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>10</b> g.p.m.	
			" "		45	47	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
			MED SAND		47	55	12 Well head completion: <b>20</b> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
			SHALE		55	57	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 <b>5</b> ft. to <b>15</b> ft.	
							14 Nearest source of possible contamination: ft. <b>100</b> Direction <b>NE</b> Type <b>LOT</b> 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	
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. <b>LYMAN BRIS 140</b> Business name License No. Address <b>610 W 11th St</b> Signed <b>W H Zeman</b> Date <b>9-5-75</b> Authorized representative					

31 6W 18 NWNW SW