

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

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

| | | | | | | |
|---|-------------------------|----------------------------|-----------------------------|---|--------------------------|--|
| 1 Location of well: | County HARDER | Township name | Fraction SE SE NW | Section number 13 | Town number 31 | Range number 7W |
| Distance and direction from nearest town or city: 4 1/2 N HARDER | | | | 3 Owner of well: LARRY PHYE | | |
| Street address of well location if in city: | | | | Address: | | |
| Locate with "X" in section below: | | Sketch map: | | 4 Well depth: 27 ft. Date of completion 10-25-75 Well diameter 4 in. | | |
| | | | | 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 | | |
| 2 | | Type and color of material | | From | To | 7 Casing: Material PVC Height: <input checked="" type="checkbox"/> above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 20 in. Diam. _____ Weight _____ lbs./ft. _____ 4 in. to 20 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth! |
| | | Soil | | 0 | 4 | 8 Screen: Manufacturer Peerless Type PVC Dia. 4" Slot gauge 0.35 Length 7' Set between 20 ft. and 27 ft. Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____ |
| | | SAND & CLAY | | 4 | 16 | 9 Static water level: 8 ft. below land surface Date 10-25-75 |
| | | Black Clay | | 16 | 19 | 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. |
| | | MEDIUM SAND | | 19 | 26 | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ |
| | | SHALE | | 26 | 27 | 12 Well head completion: <input type="checkbox"/> Pitless adapter 20 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 _____ ft. to _____ ft. |
| | | | | | | 14 Nearest source of possible contamination: CHICKEN ft. 300 Direction S Type GENS Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | 15 Pump: <input type="checkbox"/> Not installed Manufacturer's name COUP Model number _____ HP 2.2 Volts _____ Length of drop pipe 25 ft. capacity 15 g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input checked="" 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. LYMAN DRES 140 Business name License No. Address NEP BOOSE Signed W.H. Lyman Date 10-27-75 Authorized representative |
| | | | | | | |

31 7W 13 SE SE NW

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

Form WWC-5