

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 5	Township number T 31 S R	Range number 8 E/W
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:			6. Bore hole dia. <u>10</u> in. Completion date <u>10-5-78</u> Well depth _____ ft.		
			7. <input checked="" 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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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		
5. Type and color of material			9. Casing: Material <u>steel</u> Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>6-5/8</u> to <u>107</u> ft. depth Wall thickness _____ inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>280</u>		
			10. Screen: Manufacturer's name <u>W.A. Brown Enterprise</u> Type <u>100p</u> Dia. <u>6-5/8</u> Slot/gauze <u>125</u> Length _____ Set between <u>87</u> ft. and <u>107</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size: range of material <u>1/2 in</u>		
			11. Static water level: <u>76</u> ft. below land surface Date <u>10-5-78</u>		
			12. Pumping level below land surface: <u>79</u> ft. after <u>2</u> hrs. pumping <u>75</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neq cement _____ Bentonite _____ Concrete _____ Depth: From _____ ft. to <u>22</u> ft.		
			16. Most likely source of possible contamination: <u>open pond</u> ft. <u>300</u> Direction <u>W</u> Type <u>open pond</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: <u>Not installed</u> Manufacturer's name <u>Jacuzzi Bros</u> Model number <u>65-C</u> HP <u>5</u> <u>440</u> Length of drop pipe <u>94</u> ft. capacity <u>75</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other		
(Use a second sheet if needed)					
18. Elevation: Topography: ____ Hill ____ Slope ____ Upland ____ Valley	19. Remarks: Customer to pour slab		20. 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 <u>140</u> Business name <u>Med Lodge</u> License No. Address _____ Signed <u>[Signature]</u> Date <u>11-77-78</u> Authorized representative		