

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

<b>Location of well:</b>	County <b>Harper</b>	Fraction <b>SW 1/4 S W 1/4 ne 1/4</b>	Section number <b>25</b>	Township number <b>T 31 S</b>	Range number <b>R 8 E/W</b>
<b>2. Distance and direction from nearest town or city:</b> <b>1/2 mile west Attica, Ms.</b>			<b>3. Owner of well:</b> <b>Ennel Antrim</b>		
Street address of well location if in city:			R.R. or street: <b>Attica, K s.</b>		
City, state, zip code:					
<b>4. Locate with "X" in section below:</b>		<b>Sketch map:</b>			
		<b>6. Bore hole dia. <u>9</u> in. Completion date <u>9-2-78</u></b> <b>Well depth <u>40</u> ft.</b>			
		<b>7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug</b> <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary			
		<b>8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry</b> <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			
		<b>9. Casing: Material <input type="checkbox"/> Height: Above or below</b> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>34</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>5</b> in. to <b>40</b> ft. depth Wall Thickness, inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <b>0250</b>			
<b>5. Type and color of material</b>		<b>From</b>	<b>To</b>		
sand		0	28		
silyt sand		28	38		
shale		38	40		
				<b>10. Screen: Manufacturer's name <u>Pumped</u></b>	
				Type <u>pvc</u> Dia. <u>5</u>	
				Slot/gauze <u>025</u> Length <u>15</u>	
				Set between <u>25</u> ft. and <u>40</u> ft.	
				Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 dn</u>	
				<b>11. Static water level:</b> <u>22</u> mo./day/yr. ft. below land surface Date <u>9-2-78</u>	
				<b>12. Pumping level below land surfaces:</b>	
				____ ft. after ____ hrs. pumping ____ g.p.m.	
				____ ft. after <u>4</u> hrs. pumping ____ g.p.m.	
				Estimated maximum yield ____ g.p.m.	
				<b>13. Water sample submitted:</b> ____ mo./day/yr.	
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____	
				<b>14. Well head completion:</b>	
				<input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
				<b>15. Well grouted?</b> ____	
				With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete	
				Depth: From <u>4</u> ft. to <u>15</u> ft.	
				<b>16. Nearest source of possible contamination:</b>	
				ft. <u>pasture</u> Direction ____ Type <u>saltwater</u>	
				Well disinfected upon completion? ____ Yes ____ No	
				<b>17. Pump:</b> ____ Not installed	
				Manufacturer's name <u>jacuzzi Bros</u>	
				Model number <u>584B</u> HP <u>1/2</u> Volts <u>230</u>	
				Length of drop pipe <u>31</u> ft. capacity <u>4</u> 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)					
<b>18. Elevation:</b>		<b>19. Remarks:</b>			
Topography:		<b>-eua+ customer to put in cement slab</b>			
<input type="checkbox"/> Hill		<b>salt test 125 99m</b>			
<input type="checkbox"/> Slope		<b>hardness 18 gr.</b>			
<input type="checkbox"/> Upland					
<input type="checkbox"/> Valley					
		<b>20. Water well contractor's certification:</b>			
		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
		<u>Lyman bros</u> <u>140</u>			
		Business name License No.			
		Address <u>Med. Ldg</u>			
		Signed <u>W. L. Horn</u> Date <u>9-2-78</u>			
		Authorized representative			

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 R 8 E/W  
 Sec 25  
 SUSUMNE  
 1/4 1/4 1/4