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	Township name	Fraction	Section number	Town number	Range number
	BARBER		NWNWNW	21	T32S	R10W

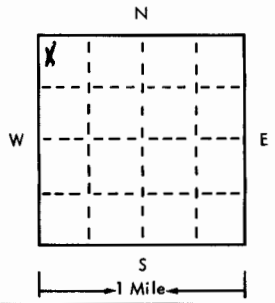
Distance and direction from nearest town or city: IN CITY OF SHARON

Street address of well location if in city:

3 Owner of well: Mrs Don Rankin

Address: Sharon, Ks

Locate with "X" in section below:



Sketch map:

4 Well depth: 30 ft. Date of completion 8-16-75
Well diameter 8 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ _____

7 Casing: Material PVC Height: (above) below
Threaded ☐ Welded ☒ Surface 12 in.
Diam. Weight 160 lbs./ft.
4 in. to 30 ft. depth Drive shoe? ☐ Yes ☐ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Soil	0	5
Clay	5	14
Fine Sand	14	16
Clay	16	20
Fine Sand	20	24
Shale	24	30
(use a second sheet if needed)		

8 Screen:
Manufacturer Peerless
Type PVC Dia. 4"
(Slot)/gauze 035 Length 12ft
Set between 18 ft. and 30 ft.
Fittings: ½ bum
Gravel pack ☒ Yes ☐ No Size range of material ___

9 Static water level:
2 ft. below land surface Date 8-16-75

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.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion: 20
☒ Pitless adapter ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 3 ft. to 13 ft.

14 Nearest source of possible contamination: NONE
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☒ Upland
☐ Valley

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 License No.
Address 610 WILEY ML
Signed W Lyman Date 8-19-75
Authorized representative

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

Form WWC-5

677-H