

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

30 32S

1 Location of well: County BARBER		Township name		Fraction S 1/4 S 44		Section number 24		Town number 32S		Range number R 10 W							
Distance and direction from nearest town or city: 2 W SHARON 1 1/2 S						3 Owner of well: VERNON ECK Address: SHARON KS											
Locate with "X" in section below: N W E S 1 Mile			Sketch map: CATTLE LOT MILK BARV 100ft X-TICK PARADE			4 Well depth: 35 ft. Date of completion 12-16-75 Well diameter 4 in.											
2 Type and color of material						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											
						From To						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 <input type="checkbox"/>					
												7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface NF in. Diam. _____ Weight _____ lbs./ft. _____ 4 in. to 25 ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!					
						8 Screen: Manufacturer Peerless Type PVC Dia. 4" Slot/gauze 0.35 Length 5' Set between 30 ft. and 35 ft. Fittings: 5 DN Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____											
(use a second sheet if needed)						10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 25 g.p.m.											
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____											
						12 Well head completion: 15" <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade											
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						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 3 ft. to 15 ft.											
						14 Nearest source of possible contamination: ft. 100 Direction N Type LCT Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
						15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Jacuzzi Model number 54B HP 3/4 Volts 30 Length of drop pipe 27 ft. capacity 15 g.m.p. 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											
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 ML Signed W.H. Lyman Date 12-18-75 Authorized representative																	

22 10W 24 SW SW NW