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
	HARPER		SE NW NW	23	32	5W

Distance and direction from nearest town or city: 3 S - 12 E

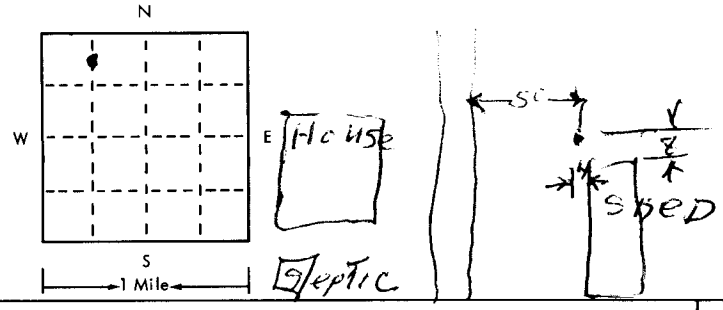
Street address of well location if in city: HARPER

3 Owner of well: DON GREENWOOD

Address: HARPER, KS

Locate with "X" in section below:

Sketch map:



4 Well depth: 36 ft. Date of completion 3-24-76
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 N/A in. 10"
Diam. Weight lbs./ft.
4 in. to 36 ft. depth Drive shoe? ☐ Yes ☒ No
in. to ft. depth

2 Type and color of material	From	To
Soil	0	2
Clay	2	10
Shale	10	36
(use o second sheet if needed)		

8 Screen:
Manufacturer Peerless
Type PVC Dia. 4
Slot/gauze .035 Length 10
Set between 26 ft. and 36 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material

9 Static water level:
18 ft. below land surface Date 3-24-76

10 Pumping level below land surfaces:
ft. after hrs. pumping g.p.m.
ft. after hrs. pumping g.p.m.
Estimated maximum yield 10 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date

12 Well head completion:
☐ Pitless adapter ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐
Depth: From 3 ft. to 18 ft.

14 Nearest source of possible contamination:
ft. 400 Direction SW Type Septic
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
Cl - 200 PPM Hd 15 gr
SLAB TO BE INSTALLED BY CUSTOMER

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 ML
Signed W H Lyman Date 3-24-76
Authorized representative

W 2 SE 23 SE/NW

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

Form WWC-5

677-H