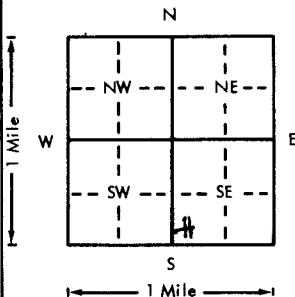


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>HARPER</b>	Fraction <b>SW 1/4 S 1/4 S 1/4</b>	Section number <b>6</b>	Township number <b>T 32 S</b>	Range number <b>R 6 E</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>East side of Harper</b>			3. Owner of well: <b>Max Sneyary</b> R.R. or street: <b>Harper, Ks</b> City, state, zip code:		
4. Locate with "X" in section below: 			Sketch map: <b>open field</b>		
5. Type and color of material			From	To	6. Bore hole dig. <b>8</b> in. Completion date <b>2-30-76</b> Well depth <b>71</b> ft.
Soil					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
clay			0	4	8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
fine silty sand			4	19	9. Casing: Material <b>L</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>N/A</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>71</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____
clay			19	24	10. Screen: Manufacturer's name _____ <b>Peerless</b> Type <b>Pre</b> Dia. <b>4</b> Slot/gauze <b>0.35</b> Length <b>5</b> Set between <b>66</b> ft. and <b>71</b> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>20/40</b>
fine sand w/ clay			24	44	11. Static water level: _____ mo./day/yr. <b>20</b> ft. below land surface Date <b>7-20-70</b>
clay			44	51	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>50</b> g.p.m.
sand			51	65	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____
shale			65	70	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade
			70	71	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>15</b> ft. to <b>24</b> ft.
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input 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)
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>OWNER TO BUILD HOUSE</b> <b>Chl 100 PPM</b> <b>20 gr Hard</b>		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. <b>LYMAN BROS 140</b> Business name _____ License No. _____ Address <b>M L</b> Signed <b>W H Lyman</b> Date <b>7-30</b> Authorized representative		

32  
 6-6  
 SW 1/4 S 1/4 R 6 E T 32 S

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5