

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)
Farbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County HARPER	Township name	Fraction SW SW NW	Section number 9	Town number 32	Range number 6 W
Distance and direction from nearest town or city: 2 E 1/2 S				3 Owner of well: Jesse PHYC		
Street address of well location if in city: HARPER				Address: HARPER		
Locate with "X" in section below: <div style="text-align: center;"> <p style="text-align: center;">Sketch map: SW 1/4 SW 1/4 NW 1/4</p> </div>				4 Well depth: 25 ft. Date of completion 6-3-75 Well diameter 8 in.		
				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		
				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 _____ Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
				8 Screen: Manufacturer Peerless Type PVC Dia. 4 Slot/gauze 0.35 Length 4 1/2 Set between 12 ft. and 17 ft. Fittings: 13 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 20-40		
				9 Static water level: 7 ft. below land surface Date 6-3-75		
				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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neot cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From _____ ft. to _____ ft.		
				14 Nearest source of possible contamination: ft. 200 Direction E Type LOT Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				15 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		
				16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Level gr <input type="checkbox"/> Slope CUSTOMER WILL INSTALL PUMP <input type="checkbox"/> Upland <input type="checkbox"/> 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 BRIS 140 Business name _____ License No. _____ Address 610 LIFE Signed William H. [unclear] Date 6-5-75 Authorized representative		