

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>ne 1/4 nw 1/4 nw 1/4</b>	Section number <b>5</b>	Township number <b>T 32 S</b>	Range number <b>R 7 E/W</b>															
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:																	
2. Distance and direction from nearest town or city: <b>3 1/2 W Harper</b>			3. Owner of well: <b>Curtis Hostettler Harper, Ks.</b>																	
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <b>8</b> in. Completion date <b>8-29-77</b> Well depth <b>30</b> ft.																	
			7. 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																	
5. Type and color of material			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>clay</td> <td>0</td> <td>13</td> </tr> <tr> <td>silty coarse sand</td> <td>13</td> <td>20</td> </tr> <tr> <td>med sand</td> <td>20</td> <td>27</td> </tr> <tr> <td>shale</td> <td>27</td> <td>30</td> </tr> </tbody> </table>			Type and color of material	From	To	clay	0	13	silty coarse sand	13	20	med sand	20	27	shale	27	30	9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>30</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>5</b> in. to <b>30</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>257</b>		
Type and color of material	From	To																		
clay	0	13																		
silty coarse sand	13	20																		
med sand	20	27																		
shale	27	30																		
(Use a second sheet if needed)			10. Screen: Manufacturer's name <b>Peerless</b> Type <b>pvc</b> Dia. <b>5</b> Slot/gauze <b>0.35</b> Length <b>4</b> Set between <b>23</b> ft. and <b>27</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2 in</b>																	
18. Elevation:			11. Static water level: <b>10</b> ft. below land surface Date <b>8-29-77</b> mo./day/yr.																	
19. Remarks:			12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>30</b> g.p.m.																	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			13. Water sample submitted: mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____																	
<b>slab to be poured by customer cl 150 FPM</b>			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade																	
			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>2</b> ft. to <b>12</b> ft.																	
			16. Nearest source of possible contamination: ft. <b>35</b> Direction <b>E</b> Type <b>lot</b> 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																	
			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</b> <b>140</b> Business Name License No. Address <b>ML</b> Signed <b>W H Lyman</b> Date <b>9-1-77</b> Authorized representative																	

32-2-W-5  
 Sec  
 1/4 1/4 NW

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

Form WWC-5