

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 HARPER	Township name	Fraction NE NE NW	Section number 6	Town number 32S	Range number 7A	
Distance and direction from nearest town or city: 5 W of Harper			3 Owner of well: Albert Hattler				
Street address of well location if in city:			Address: Harper, KS				
Locate with "X" in section below: N		Sketch map:		4 Well depth: <u>32</u> ft. Date of completion: <u>8-29-75</u> Well diameter <u>8</u> in.			
		NE 1/4 NE 1/4 NW 1/4 432-7		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"/>			
2		Type and color of material		From	To	7 Casing: Material <u>PRC</u> Height: <u>above/below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>24</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>4</u> in. to <u>32</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!	
						8 Screen: Manufacturer <u>Peerless</u> Type <u>PRC</u> Dia. <u>4"</u> Slot/gauze <u>635</u> Length <u>8ft</u> Set between <u>14</u> ft. and <u>24</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
						9 Static water level: <u>11</u> ft. below land surface Date <u>8-29-75</u>	
						10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>15</u> 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 <u>24</u> inches above grade	
						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 <u>2</u> ft. to <u>12</u> ft.	
						14 Nearest source of possible contamination: <u>500 ft. field</u> ft. <u>100</u> Direction <u>E</u> Type <u>field</u> 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						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. <u>LYMAN BROS 140</u> Business name _____ License No. _____ Address <u>610 W. ELIFF</u> Signed <u>W.H. Eliff</u> Date <u>8-30-75</u> Authorized representative	

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

Form WWC-5