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

WATER WELL RECORD
KSA 82a-1201-1215

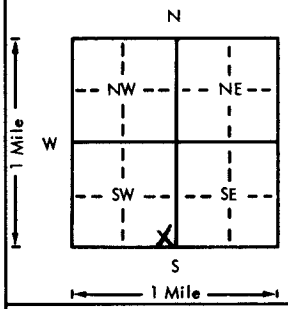
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County: Harper	Fraction: SE 1/4 SE 1/4 SW 1/4	Section number: 7	Township number: T 32 S	Range number: R 8W E/W

2. Distance and direction from nearest town or city: 2N 3/4 W
Street address of well location if in city: Attica

3. Owner of well: Clifford Robinson
R.R. or street: Attica, Ks.
City, state, zip code:

4. Locate with "X" in section below:



Sketch map: Well is in Pasture

5. Type and color of material	From	To
~~soil~~	0	3
sand	3	9
shale	9	25

(Use a second sheet if needed)

6. Bore hole dia. 8 in. Completion date 9-1-76
Well depth 25 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material ____ Threaded ____ Welded ____ RMP ____ PVC X
Dia. 4 in. to 25 ft. depth
Dia. ____ in. to ____ ft. depth
Height: Above or below Surface 20 in.
Weight ____ lbs./ft.
Wall Thickness: inches or gage No. ~~160~~

10. Screen: Manufacturer's name ~~Peerless~~
Type ~~pvc~~ Dia. 4"
Slot/gauze 035 Length 5'
Set between 6 ft. and 11 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material 1/8 dn

11. Static water level: mo./day/yr.
7 ft. below land surface Date 9-1-76

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 4 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date ____

14. Well head completion:
__ Pitless adapter ____ Inches above grade

15. Well grouted? X
With: X Neat cement __ Bentonite __ Concrete
Depth: From 0 ft. to 6 ft.

16. Nearest source of possible contamination:
ft. ~~pasture~~ ____ Direction ____ Type ____
Well disinfected upon completion? X Yes __ No

17. Pump: X Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:
Topography:
__ Hill
__ Slope
__ Upland
__ Valley

19. Remarks:
Cement to p[illegible]red by custorer

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.
Lyman Bros. 140
Business name ML License No.
Address ____
Signed N. H. Lyman Date 10-2
Authorized representative

T 32 R 8 (W) E Sec 7 1/4 SE 1/4 SE 1/4 SW 1/4

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

Form WWC-5

MI-1023