

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>s 1/4 se 1/4 se 1/4</b>		Section number <b>23</b>		Township number <b>T 32</b>		Range number <b>S R 8</b>		E/W					
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>4 E Attica,</b>				3. Owner of well: <b>Loy Frank</b> R.R. or street: <del>*****</del> <b>Rt 1</b> City, state, zip code: <b>Harper, Ks.</b>											
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">NW</td><td style="width: 20px; height: 20px; text-align: center;">NE</td></tr><tr><td style="width: 20px; height: 20px; text-align: center;">SW</td><td style="width: 20px; height: 20px; text-align: center;">SE</td></tr></table> E S 1 Mile</div>				NW	NE	SW	SE	Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date <b>10-25-78</b> Well depth <b>29</b> ft.					
NW	NE														
SW	SE														
5. Type and color of material				From		To		7. <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							
				soil		0		3		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					
				clay		3		11		9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>29</b> ft. depth Wall Thickness <b>258</b> inches or Dia. _____ in. to _____ ft. depth gage No. _____					
				medium sand		11		26		10. Screen: Manufacturer's name _____ Type <b>pvc</b> Dia. <b>5</b> Slot/gauze <b>025</b> Length <b>5'</b> Set between <b>21</b> ft. and <b>26</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2 dn</b>					
				shale		26		29		11. Static water level: _____ <b>11</b> ft. below land surface Date <b>10-25-78</b> mo./day/yr					
(Use a second sheet if needed)								12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping <b>20</b> g.p.m. Estimated maximum yield _____ g.p.m.							
								13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____							
								14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>15</b> inches above grade							
								15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neap cement <b>15</b> Bentonite _____ Concrete _____ Depth: From <b>3</b> ft. to <b>15</b> ft.							
								16. Nearest source of possible contamination: _____ ft. <b>100</b> Direction <b>e</b> Type <b>10t</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No							
								17. Pump: _____ Not installed Manufacturer's name <b>Jacuzzi Bros</b> Model number <b>5S4B</b> HP <b>1/2</b> Volts <b>230</b> Length of drop pipe <b>21</b> ft. capacity <b>10</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ <input type="checkbox"/> Jet _____ Reciprocating _____ <input type="checkbox"/> Centrifugal _____ Other _____							
18. Elevation:		19. Remarks: <b>Customer to pour slab</b>													
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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 Brps. 140</b> Business name <b>Med. Lodge, Ks.</b> License No. _____ Address _____ Signed <b>W M Lyman</b> Date <b>11-1-78</b> Authorized representative						32 - R - W - 23 - 1/4 - 1/4 - 8							

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

Form WWC-5