

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 SWSE 7 SWSE 7	Fraction SW 1/4	Section number 21	Town number 329	Range number 9W				
Distance and direction from nearest town or city: 3W ATTICA			3 Owner of well: GARY GRIGSBY							
Street address of well location if in city:			Address: ATTICA, KS							
Locate with "X" in section below:		Sketch map:		4 Well depth: 60 ft. Date of completion: 3-8-75 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"/>						
2		Type and color of material		From		To		7 Casing: Material PRC Height: above land Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 20 in. Diam. _____ Weight _____ lbs./ft. _____ 4 in. to 54 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 6 Set between 34 ft. and 60 ft. Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
								9 Static water level: 6 ft. below land surface Date 3-9-75		
								10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 100 g.p.m.		
								11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
								12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter 2 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 _____ Depth: From 3 ft. to 15 ft.		
								14 Nearest source of possible contamination: BARN ft. 150 Direction EAST 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.m.p. 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. LYMAN BROS 140 Business name _____ License No. _____ Address Med Lodge Signed Walter Lyman Date 3-10-75 Authorized representative		