

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

Harmon #1

1 Location of well:	County <i>Comanche</i>	Township name	Fraction <i>CE 1/2</i>	Section number <i>11</i>	Town number <i>33 W</i>	Range number <i>20 W</i>
Distance and direction from nearest town or city: <i>1 1/2 east</i>				3 Owner of well: <i>Search Drilling Co</i>		
Street address of well location if in city: <i>1/2 south Protection</i>				Address: <i>Wichita Ks</i>		
Locate with "X" in section below:			Sketch map:			
			<p>4 Well depth: <i>70</i> ft. Date of completion: <i>6-9-75</i> Well diameter <i>7</i> in.</p> <p>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</p> <p>6 Use: <input 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"/> <i>Oilfield Sup.</i></p> <p>7 Casing: Material <i>RMP</i> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. Diam. <i>4</i> in. Weight <i>125</i> lbs./ft <i>100</i> <i>4</i> in. to <i>70</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!</p> <p>8 Screen: Manufacturer <i>Jess & Lowell</i> Type <i>RMP</i> Dia. <i>4</i> <i>8</i> Slope gauze Length <i>10</i> Set between <i>60</i> ft. and <i>70</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>1/8 - 1/4</i></p> <p>9 Static water level: <i>10</i> ft. below land surface Date <i>6-9-75</i></p> <p>10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.</p> <p>11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____</p> <p>12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade</p> <p>13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <i>0</i> ft. to <i>10</i> ft.</p> <p>14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p>			
2 Type and color of material			From	To		
<i>Sandy Clay</i>			<i>0</i>	<i>50</i>		
<i>Sand</i>			<i>50</i>	<i>70</i>		
(use a second sheet if needed)						
16 Remarks: elevation			17 Water well contractor's certification:			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>My new water well 143</i> Business name _____ License No. _____ Address <i>143</i> Signed <i>Raymond</i> Date <i>6-9-75</i> Authorized representative			

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