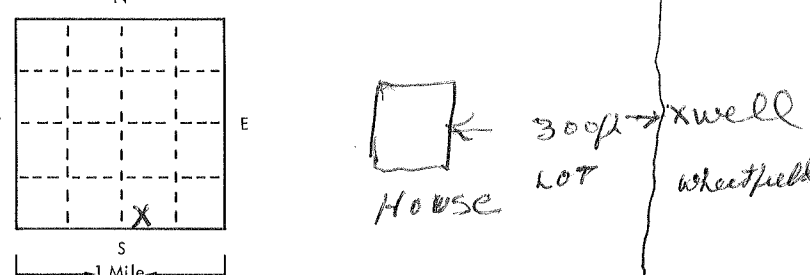


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 SW50SE	Section number 34	Town number 33	Range number 9W	
Distance and direction from nearest town or city: 3 N CORWIN			3 Owner of well: VIRGIL HILL				
Street address of well location if in city: 1/2 E			Address: ATTICA, KS				
Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		4 Well depth: 40 ft. Date of completion 11-5-77 Well diameter 8 in.			
2 Type and color of material		From		To		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"/>	
SANDY SOIL		0		4		7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!	
SAND		4		8		8 Screen: Manufacturer Peerless Type PVC Dia. 4" Slot/gauze 0.35 Length 5' Set between 35 ft. and 40 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
COARSE SILTY SAND CLAY		8		22		9 Static water level: 10 ft. below land surface Date 11-5-77	
CLAY		22		31		10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 25 g.p.m.	
Med to COARSE SAND		31		39		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
STRIE		39		40		12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter 18 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 5 ft. to 15 ft.	
						14 Nearest source of possible contamination: CATTLE ft. 30 Direction W 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 MEY LODGE Signed W. Lyman Date 11-6-77 Authorized representative	

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

Form WWC-5

35
700 37
75