

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 NW 50 N 14 W	Fraction 20	Section number 34	Town number 50	Range number
Distance and direction from nearest town or city:			3 Owner of well: W-A. MAYO			
Street address of well location if in city:			Address: BLUFF CITY			
Locate with "X" in section below:		Sketch map:		4 Well depth: 51 ft. Date of completion: 2-19-76 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		
2		Type and color of material		From To		7 Casing: Material PIC Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 78 in. Diam. _____ Weight _____ lbs./ft. _____ 4 in. to 51 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth
						8 Screen: Manufacturer Peepless Type PIC Dio. 4" Slot/gauze 35 Length 35' Set between 14 ft. and 51 ft. _____ Fittings: _____ 1/2 DN Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____
						9 Static water level: 14 ft. below land surface Date 2-19-76
						10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 10 g.p.m.
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
						12 Well head completion: <input type="checkbox"/> Pitless adapter NA <input type="checkbox"/> 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 3 ft. to 15 ft.
						14 Nearest source of possible contamination: chickens ft. 30 Direction N Type HOUSE 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 CUSTOMER TO POUR SLAB						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 MLD Signed W.H. Lyman Date 2-24-76 Authorized representative

34 SW 20 NW 50 N 14 W