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

34	5W	25	SE	SE	SW
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: SESESW	Section number: 25	Town number: T34S	Range number: 5W

Distance and direction from nearest town or city: 2 5 ½ W

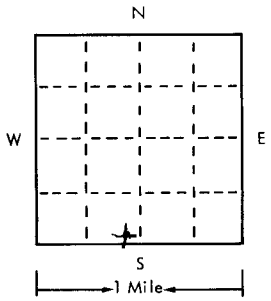
Street address of well location if in city: BluFF CITY

3 Owner of well: DWIGHT BROWNING

Address: WaldRon, KS 67150

Locate with "X" in section below:

Sketch map:



SE¼ SE¼ SW¼
25 34 5

4 Well depth: 65 ft. Date of completion 9-4
Well diameter 8 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐

7 Casing: Material PVC Height: above/below
Threaded ☐ Welded ☒ Surface 4½ in.
Diam. 6 in. to 35 ft. depth Weight 160 lbs./ft.
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☒ No

2 Type and color of material	From	To
Soil	0	2
Shale	2	65
(use a second sheet if needed)		

8 Screen: None
Manufacturer ___
Type ___ Dia. ___
Slot/gauze ___ Length ___
Set between ___ ft. and ___ ft.
Fittings:
Gravel pack ☐ Yes ☒ No Size range of material ½ DOWN

9 Static water level:
~~+3.6~~ ft. below land surface +3½ Date 9-4-75

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 3 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion: 4"
☐ Pitless adapter ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ ___
Depth: From 0 ft. to 15 ft.

14 Nearest source of possible contamination: None
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ☐ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☐ Upland
☒ Valley

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 141C
Business name License No.
Address 610 N. BLUFF
Signed [signature] Date 9-4-75
Authorized representative

34 5W 25 SE SE SW

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

Form WWC-5

677-H