

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

34 6W34 SE 1/4 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 HARPO	Township name	Fraction SE 1/4 SW	Section number 34	Town number 345	Range number 6W
Distance and direction from nearest town or city: 4W 1 1/2			3 Owner of well: CECIL OSBORN			
Street address of well location if in city: BLUFF CITY			Address: BLUFF CITY			
Locate with "X" in section below:		Sketch map:		4 Well depth: 57 ft. Date of completion 9-6-75		
N				Well diameter 9 in.		
W E				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		
S ← 1 Mile →		SE 1/4 NW 1/4 SW 1/4 34 345 6W		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"/>		
				7 Casing: Material PRC Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 20 in. Diam. _____ Weight 160 lbs./ft. _____ 4 in. to 57 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
2 Type and color of material		From	To	8 Screen: Manufacturer Peerless		
Shale		0	57	Type PRC Dia. 4"		
				Slot/gauze 0.35 Length 40 ft		
				Set between 17 ft. and 57 ft.		
				Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
				9 Static water level: 12 ft. below land surface Date 9-6-75		
				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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade 20		
				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 0 ft. to 10 ft.		
				14 Nearest source of possible contamination: ft. _____ Direction Pasture Type _____ 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 610 N BLUFF Signed W. N. Lyman Date 9-4-75 Authorized representative				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

34 6W 34 SE 1/4 SW

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

Form WWC-5