

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

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>HARPER</b>	Township name	Fraction <b>NWNWSE</b>	Section number <b>6</b>	Town number <b>35</b>	Range number <b>5</b>	
Distance and direction from nearest town or city: <b>250 W 15 1/2 W BLUFF CITY</b>			3 Owner of well: <b>CHAS. PRAY</b> Address: <b>BLUFF CITY</b>				
Locate with "X" in section below:		Sketch map:			4 Well depth: <b>51</b> ft. Date of completion: <b>2-12-76</b> Well diameter <b>7</b> 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		
					7 Casing: Material <b>DWC</b> Height: <u>above/below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. _____ Weight _____ lbs./ft. _____ <b>4</b> in. to <b>51</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2 Type and color of material		From		To		8 Screen: Manufacturer <b>Peerless</b> Type <b>PVC</b> Dia. <b>4"</b> Slot/gauze <b>0.35</b> Length <b>51</b> Set between <b>46</b> ft. and <b>51</b> ft. Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
soil		0		5		9 Static water level: <b>21</b> ft. below land surface Date <b>2-18-76</b>	
Red shale		5		51		10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>10</b> g.p.m.	
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
						12 Well head completion: <b>N/A</b> <input type="checkbox"/> Pitless adapter <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 Depth: From <b>2</b> ft. to <b>15</b> ft.	
						14 Nearest source of possible contamination: ft. <b>300</b> Direction <b>N</b> Type <b>BARIL</b> 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. <b>LYMAN BROS 140</b> Business name _____ License No. _____ Address <b>MLP</b> Signed <b>W H Lyman</b> Date <b>2-24-76</b> Authorized representative	
<b>CUSTOMER TO POUR SLAB</b>							
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley							

35-500 to NW 1/4 SE