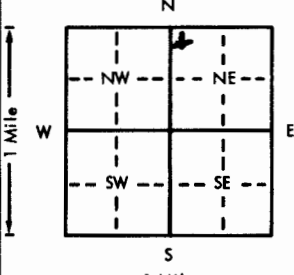


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment (Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County Harper	Fraction NW/4 NW 1/4 NE 1/4	Section number 7	Township number T 35 S R 5 E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: Bluff City 3 1/2 S. 1/4 W.			3. Owner of well: V.V. Dombaugh R.R. or street: 1023 N. Anthony City, state, zip code: Anthony KS 67003		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. 8 in. Completion date 3-30-78 Well depth 30 ft.		
5. Type and color of material			7. <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		
From			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface 24 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 13 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 258		
To			10. Screen: Manufacturer's name _____ None Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____		
			11. Static water level: _____ mo./day/yr. 3 ft. below land surface Date 3-30-78		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after 20 hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
			15. Well grouted? _____ With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From 0 ft. to 13 ft.		
			16. Nearest source of possible contamination: 75 Direction W Type creek Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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		
(Use a second sheet if needed)					
18. Elevation:		19. Remarks:		20. Water well contractor's certification:	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		Well flowed 5 GPM Chl 1300 slab to be poured by customer		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 ML Signed J. W. Lyman Date 3-30-78 Authorized representative	

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T 35 S R 5 E 7- NW 1/4 NE

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5