

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

CCC

W SW SW

1 Location of well:		County <b>Jefferson</b>	Township name <b>OSKALOOSA</b>	Fraction <b>TRACT</b> <b>S.W. 1/4</b>	Section number <b>35</b>	Town number <b>9</b>	Range number <b>19E</b>
Distance and direction from nearest town or city: <b>2 E. Oskaloosa, KS.</b>				3 Owner of well: <b>ROGER COLMAN</b> Address: <b>RFD Oskaloosa</b>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>40</b> ft. Date of completion <b>7-25-75</b> Well diameter <b>8</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			
2		Type and color of material		From	To	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"/>	
		<b>Top Soil</b>		<b>0</b>	<b>1</b>	7 Casing: Material <b>PVC</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>48</b> in. Diam. <b>5</b> in. to <b>40</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>5</b> in. to <b>40</b> ft. depth	
		<b>SAND</b>		<b>1</b>	<b>9</b>	8 Screen: Manufacturer <b>Lumpco</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauge <b>.025</b> Length <b>10</b> Set between <b>30</b> ft. and <b>40</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>#3</b>	
		<b>Yellow clay</b>		<b>9</b>	<b>22</b>	9 Static water level: <b>NOT MEASURED</b> ft. below land surface Date	
		<b>COARSE GRAVEL</b>		<b>22</b>	<b>30</b>	10 Pumping level below land surfaces: <b>AIR TEST</b> ft. after hrs. pumping g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield g.p.m.	
		<b>Grey Limestone</b>		<b>30</b>	<b>38</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
		<b>Blue shale</b>		<b>38</b>	<b>40</b>	12 Well head completion: <b>Cap good</b> <input type="checkbox"/> Pitless adapter <b>48</b> <input checked="" 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 <b>0</b> ft. to <b>40</b> ft.	
						14 Nearest source of possible contamination: ft. <b>000</b> Direction <b>N</b> Type <b>149007</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.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	
16 Remarks: elevation <b>1035</b> <b>1037</b>						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>TRADER DRILLING CO. INC.</b> Business name License No. Address <b>RFD 1 Holton KS</b> Signed <b>Walter Adams</b> Date <b>7-25-75</b> Authorized representative	
						<p>(use a second sheet if needed)</p> <p><b>high iron content, hard</b></p>	

9 19E 35 SW SW SW

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

Form WWC-5

BR = 1005

V = NA