

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

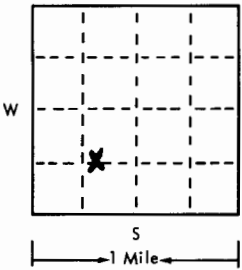
GRINELL NW

WATER WELL RECORD
KSA 82a-1201-1215

CAC CDB

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

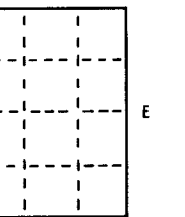
1 Location of well:	County THOMAS	Township name SW 1/4 NE 1/4 SW 1/4	Fraction 1	Section number 10	Town number 31
Distance and direction from nearest town or city: 6 N - 7 E 1/4 N of OAKLEY			3 Owner of well: BOB Ostemyer		
Street address of well location if in city:			Address: OAKLEY		
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:		
2 Type and color of material			From	To	4 Well depth: 190 ft. Date of completion 1-12-75 Well diameter 28 in.
Medium Gravel (Brown)			94	111	5 <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary
Gravel (Brown)			111	118	6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well
Medium Gravel (Brown)			116	118	7 Casing: Material Steel Height: above below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 12 3/4 in. to 120 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth
Sandy clay + Trace of Sandstone + ^{Fine} Sand			118	124	8 Screen: Manufacturer JOHNSON Type Steel Dia. 12 3/4 <input checked="" type="checkbox"/> Slotted gauze Length 70 Set between 120 ft. and 190 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 18
Sandy clay + Medium Gravel + Fine Sand			134	135	9 Static water level: 106 ft. below land surface Date 1-12-75
Sandy clay + Sand stone			133	139	10 Pumping level below land surfaces: 188 ft. after 3 hrs. pumping 400 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 400 g.p.m.
Clay + Fine Sand			139	142	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Sand stone + Sandy clay + Fine Sand			142	149	12 Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade
Sand stone + Clay			149	156	13 Well grouted? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 1 ft. to 10 ft.
Sandy clay + Sand stone			156	158	14 Nearest source of possible contamination: ft. 360 Direction East Type Stream Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sandy clay Sand stone + Medium Gravel			158	160	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Goulds Model number _____ HP 40 Volts 440 Length of drop pipe 180 ft. capacity 400 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
Gravel			166	169	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. Red Tiger Inc 125 Business name License No. Address Colby, KS Box 524 Signed Don Houser Date 5-28-75 Authorized representative
Medium Gravel to Gravel (Brown)			169	170	
Sandy clay + Medium Gravel			170	171	
Sandy clay (use a second sheet if needed)			171	172	
16 Remarks: elevation BRICK 186' 179 (1000) Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

County	Township name	Fraction	Section number 1	Town number 10	Range number 31 W
1 Location of well:			3 Owner of well: Bob Osterman, Co. Address: Oakley		
Distance and direction from nearest town or city: Street address of well location if in city:					
Locate with "X" in section below: N <div style="text-align:center;"></div>		Sketch map:		4 Well depth: _____ ft. Date of completion _____ Well diameter _____ in.	
		5 <input type="checkbox"/> Cable tool <input 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 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 _____ Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth			
		8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____			
		9 Static water level: _____ ft. below land surface Date _____			
2 Type and color of material		From	To	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
Sandstone & clay		172	173	11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
Sandstone, clay & Medium Gravel		173	177	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
Gravel, clay & Sandstone		177	182	13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.	
Medium Gravel (Brown)		182	186	14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ochreous shale (yellow & blue)		186	189	15 Pump: <input 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	
(use a second sheet if needed)				16 Remarks: elevation	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative			