

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
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WATER WELL RECORD  
KSA 82a-1201-1215

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

B3C

1. Location of well: <i>House</i>	County <i>Thomas</i>	Fraction <i>SW 1/4 NW 1/4 NW 1/4</i>	Section number <i>16</i>	Township number <i>T 10 S</i>	Range number <i>R 31 E/W</i>
2. Distance and direction from nearest town or city: <i>5N-3E</i>			3. Owner of well: <i>Ken Schroeder</i>		
Street address of well location if in city: <i>Oakley Ks</i>			R.R. or street: <i>RR. 1</i>		
			City, state, zip code: <i>Oakley Ks.</i>		
4. Locate with "X" in section below:		Sketch map:			
5. Type and color of material		From	To	6. Bore hole dia. _____ in. Completion date <i>11-5-76</i>	
<i>Top soil</i>		<i>0</i>	<i>29</i>	Well depth <i>174</i> ft.	
<i>sandy clay</i>		<i>29</i>	<i>75</i>	7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug	
<i>gravel</i>		<i>75</i>	<i>100</i>	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
<i>sandy clay &amp; S.S.</i>		<i>100</i>	<i>104</i>	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry	
<i>gravel</i>		<i>104</i>	<i>115</i>	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock	
<i>sandy clay</i>		<i>115</i>	<i>118</i>	<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
<i>fine sand &amp; sandy clay</i>		<i>118</i>	<i>128</i>	9. Casing: Material _____ Height: Above or below	
<i>sandy clay</i>		<i>128</i>	<i>131</i>	Threaded _____ Welded _____ Surface <i>4'</i> in.	
<i>m. gravel</i>		<i>131</i>	<i>139</i>	RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.	
<i>sandy clay &amp; S.S.</i>		<i>139</i>	<i>162</i>	Dia. _____ in. to _____ ft. depth Wall Thickness: inches or	
<i>gravel</i>		<i>162</i>	<i>166</i>	Dia. <i>5</i> in. to <i>174</i> ft. depth gage No. <i>200</i>	
<i>sandy clay &amp; S.S.</i>		<i>166</i>	<i>168</i>	10. Screen: Manufacturer's name _____	
<i>gravel</i>		<i>168</i>	<i>172</i>	Type <i>PVC</i> Dia. <i>5</i>	
<i>Oakley</i>		<i>172</i>	<i>174</i>	Slat/gauze <i>1/32</i> Length <i>8'</i>	
				Set between <i>164</i> ft. and <i>172</i> ft.	
				Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/8-1/4</i>	
				11. Static water level: _____ mo./day/yr.	
				<i>96</i> ft. below land surface Date <i>11-5-76</i>	
				12. Pumping level below land surfaces:	
				_____ ft. after _____ hrs. pumping _____ g.p.m.	
				_____ ft. after _____ hrs. pumping _____ g.p.m.	
				Estimated maximum yield <i>30 +</i> 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 checked="" type="checkbox"/> Pitless adapter <i>12</i> inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/>	
				With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete	
				Depth: From <i>0</i> ft. to <i>10</i> ft.	
				16. Nearest source of possible contamination: <i>none</i>	
				ft. _____ Direction _____ Type _____	
				Well disinfected upon completion? _____ Yes _____ No	
				17. Pump: _____ Not installed	
				Manufacturer's name <i>Garlo</i>	
				Model number <i>12EM</i> HP <i>1</i> Volts <i>220</i>	
				Length of drop pipe <i>157</i> ft. capacity <i>17</i> g.p.m.	
				Type:	
				<input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine	
				<input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
				<input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
18. Elevation:		19. Remarks:			
Topography:		20. 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. <i>Shirley Lene</i> <i>298</i> Business name _____ License No. _____ Address <i>Edgemoor Ks.</i> Signed <i>Shirley Lene</i> Date <i>2-28-76</i> Authorized representative			
<input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5