

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

OAKLEY NE

WATER WELL RECORD
KSA 82a-1201-1215

DIDD

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 Loyorsport	Fraction SE SE SE	Section number 14	Town number 10 MHC	Range number 32 W
Distance and direction from nearest town or city: 4 miles north of Oakley, Kansas Street address of well location if in city:				3 Owner of well: Frank Kester Address: 704 Hoeb Oakley, Kansas 66748		
Locate with "X" in section below: N W E S 1 Mile				Sketch map: 4 Well depth: 153 ft. Date of completion 11/24/75 Well diameter 8 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 <input type="checkbox"/> 7 Casing: Material RMP Height: 5 ft. above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 5 in. MHC Diam. 5 in. to 153 ft. depth Weight 153 lbs./ft. Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8 Screen: Manufacturer J & L Type RMP Dia. 5 " Slot/gauze 0.32 Length 2.5 " Set between 133 ft. and 153 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8" 9 Static water level: 110 ft. below land surface Date 11/24/75 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. 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____ 12 Well head completion: <input checked="" 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 <input type="checkbox"/> Depth: From 18 ft. to 4 ft. 14 Nearest source of possible contamination: ft. 300 Direction south Type barn 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 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley 3038 (TOPU) 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. Bartell Drilling 139 Business name _____ License No. _____ Address Winona, Kansas Signed Jayce Bartell Date 1-5-76 Authorized representative		

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

Form WWC-5