

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

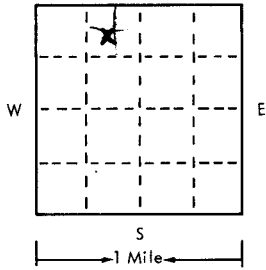
OAKLEY 1111

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

BAC

1 Location of well:	County <u>Thomas</u>	Township name <u>SW-NE-NW 1/4</u>	Fraction <u>1/4</u>	Section number <u>34</u>	Town number <u>10</u>	Range number <u>32</u>
Distance and direction from nearest town or city: <u>1/2 West - 3/4 west of Oakley.</u>				3 Owner of well: <u>Siebert Sand Co.</u>		
Street address of well location if in city:				Address: <u>Oakley, Ks.</u>		
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			
2			Type and color of material		From	To
			Med Gravel, Gravel, Trace Sandy Clay		40	68
Sandy Clay, Sandstone (Brown White)		68	104	4 Well depth: <u>159'</u> ft. Date of completion <u>6-4-75</u> Well diameter <u>12 3/4"</u>		
Fine Sand, Med Gravel (brown)		104	118			
Sandy Clay, Trace Fine Sand (brown)		118	139	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		
Fine Sand, Med Gravel (brown)		139	154	6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
Ochrea, Shale (yellow Blue)		154	158	7 Casing: Material <u>Steel</u> Weight: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <input type="checkbox"/> in. Diam. <u>12 3/4"</u> Weight <input type="checkbox"/> lbs./ft. <input type="checkbox"/> <u>12 3/4"</u> to <u>158</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth		
BROOK 154'				8 Screen: Manufacturer <u>Johnson</u> Type <u>Slot</u> Dia. <u>12 3/4"</u> Slot/gauze <u>100</u> Length <u>10'</u> Set between <u>148</u> ft. and <u>158</u> ft.		
				Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>28T</u>		
				9 Static water level: <u>57</u> ft. below land surface Date <u>6-5-75</u>		
				10 Pumping level below land surfaces: <u>148</u> ft. after <u>8</u> hrs. pumping <u>600</u> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>600</u> g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
				13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <input type="checkbox"/> ft. to <input type="checkbox"/> ft.		
				14 Nearest source of possible contamination: ft. <u>2670</u> Direction <u>South</u> Type <u>Plant</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Western Land Roller</u> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.m.p. 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		
16 Remarks: elevation				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. <u>Red Tiger Irrigation 125</u> Business name <u>Box 524 Colby, Ks.</u> License No. <input type="checkbox"/> Address <u>Colby, Ks.</u> Signed <u>John Lane</u> Date <u>7-16-75</u> Authorized representative		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5