

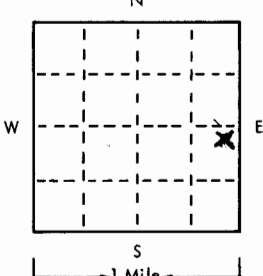
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

~~DAA~~ ADD

1 Location of well:	County <b>LOGAN</b>	Township name <b>NE NE 1/4 of SE 1/4</b>	Fraction <b>15</b>	Section number <b>115</b>	Town number <b>32W</b>	Range number		
Distance and direction from nearest town or city: <b>1 1/2 miles South of OAKLEY</b>			3 Owner of well: <b>IRENE SHARP</b>					
Street address of well location if in city:			Address: <b>Oakley</b>					
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <b>173</b> ft. Date of completion: <b>12-24-71</b> Well diameter: <b>12 3/4</b> in.		
2 Type and color of material			From	To	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			
			<b>Medium gravel - (Brown)</b>		<b>90</b>	<b>101</b>	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	
			<b>SAND Stone (Brown)</b>		<b>101</b>	<b>102</b>	7 Casing: Material <b>Steel</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. <b>12 3/4</b> in. to <b>113</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
			<b>Medium GRAVEL &amp; streaks of SAND Stone</b>		<b>102</b>	<b>106</b>	8 Screen: Manufacturer _____ Type <b>Slot</b> Dia. <b>12 3/4</b> Slot/gauze _____ Length _____ Set between <b>113</b> ft. and <b>173</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
			<b>Medium GRAVEL - (Brown)</b>		<b>106</b>	<b>108</b>	9 Static water level: <b>40</b> ft. below land surface Date _____	
			<b>SAND Stone</b>		<b>108</b>	<b>111</b>	10 Pumping level below land surfaces: <b>168</b> ft. after <b>6</b> hrs. pumping <b>650</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
			<b>Sandy Clay &amp; SAND Stone - (white)</b>		<b>111</b>	<b>113</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
			<b>Medium GRAVEL - (Brown)</b>		<b>113</b>	<b>129</b>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> <b>12</b> Inches above grade	
			<b>Sandy Clay - (white)</b>		<b>129</b>	<b>139</b>	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 _____ ft. to _____ ft.	
			<b>Medium GRAVEL - (Brown)</b>		<b>139</b>	<b>168</b>	14 Nearest source of possible contamination: ft. <b>1320</b> Direction <b>West</b> Type <b>Sewer</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Ocher &amp; shale - (yellow &amp; blue)</b>		<b>168</b>	<b>172</b>	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				
<b>BLOCK 168'</b>				16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input checked="" 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. <b>Red Tiger Drilling</b> <b>125</b> Business name License No. Address <b>Box 524</b> <b>125</b> Signed <b>Don Hansen</b> Date <b>5-29-72</b> Authorized representative				

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

Form WWC-5