

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

WATER WELL RECORD  
KSA 82a-1201-1215

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

DAC

1. Location of well: <i>Pasture</i>		County <i>Grave</i>	Fraction <i>SW 1/4 NE 1/4 SE 1/4</i>	Section number <i>18</i>	Township number T <i>12</i>	Range number S R <i>31</i>	<i>EAD</i>
2. Distance and direction from nearest town or city: <i>2E-6S-1E</i>			3. Owner of well: <i>Howard Harkel</i>				
Street address of well location if in city: <i>Oakley.</i>			R.R. or street: <i>Oakley, Ks.</i>				
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. _____ in. Completion date <i>10-4-75</i>		
					Well depth <i>53</i> ft.		
					7. <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		
5. Type and color of material			From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<i>Top soil</i>			<i>0</i>	<i>36</i>	9. Casing: Material _____ Height: Above or below		
<i>gravel</i>			<i>36</i>	<i>42</i>	Threaded _____ Welded _____ Surface <i>12</i> ↑ in.		
<i>river mud</i>			<i>42</i>	<i>48</i>	RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.		
<i>gravel</i>			<i>48</i>	<i>50</i>	Dia. _____ in. to _____ ft. depth Wall Thickness: inches or		
<i>Ochoe</i>			<i>50</i>	<i>52</i>	Dia. <i>5</i> in. to <i>52</i> ft. depth gage No. <i>200</i>		
<i>BROCK 50'</i>					10. Screen: Manufacturer's name _____		
					<i>Jesse Sewell</i>		
					Type <i>PVC</i> Dia. <i>5</i>		
					Slot/gauze <i>1/32</i> Length <i>8'</i>		
					Set between <i>44</i> ft. and <i>52</i> ft.		
					_____ ft. and _____ 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>28</i> ft. below land surface Date <i>10-4-75</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:					
		_____ 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 _____ ft. to _____ ft.					
		16. Nearest source of possible contamination: <i>none</i>					
		ft. _____ Direction _____ Type _____					
		Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No					
		17. Pump: <input checked="" type="checkbox"/> Not installed					
		Manufacturer's name _____					
		Model number _____ HP _____ Volts _____					
		Length of drop pipe _____ ft. capacity _____ g.p.m.					
		Type:					
		<input type="checkbox"/> Submersible _____ Turbine					
		<input type="checkbox"/> Jet _____ Reciprocating					
		<input type="checkbox"/> Centrifugal <i>mill</i> Other					
18. Elevation:		19. Remarks:		20. Water well contractor's certification:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
				<i>Stuebky Dan 298</i>			
				Business name _____ License No. _____			
				Address <i>Gravel Ks.</i>			
				Signed <i>Stuebky</i> Date <i>7-28-75</i>			
				Authorized representative			

L 2 3 4 5 6 7 8  
T  
R  
E  
S  
W  
N  
E  
S  
E  
1/4 1/4 1/4 1/4

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

Form WWC-5