

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

1. Location of well:		County <u>Edwards.</u>	Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>	Section number <u>16</u>	Township number <u>T 25 S R 20 W.</u>	Range number <u>EW</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: <u>HELENN SCHAUER</u> R.R. or street: City, state, zip code: <u>KINSEY, KS</u>		
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>20</u> in. Completion date <u>8-23-71</u> Well depth <u>76</u> ft.	
		<p><u>1/2 South 1 1/4 East</u> <u>of the City of Osborne</u> <u>House 220 yard East</u> <u>of house</u></p>			7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Aug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary 8. Use: <input checked="" 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
5. Type and color of material				From	To	9. Casing: Material <u>Steel</u> Height: Above or below <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> " in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>1540</u> lbs./ft. Dia. <u>6</u> in. to <u>78</u> ft. depth; Wall Thickness: inches or Dia. <u>   </u> in. to <u>   </u> ft. depth; gage No. <u>   </u> <input checked="" type="checkbox"/> Screen: Manufacturer's name <u>Home made</u> Type <u>1540</u> Dia. <u>6</u> " Slot/gauze <u>Sanded</u> Length <u>20</u> ' Set between <u>56</u> ft. and <u>76</u> ft. <input type="checkbox"/> Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>Rock</u>
top soil + clay				0	40	11. Static water level: <u>40</u> ft. below land surface Date <u>7-15-71</u>
Sand				40	50	12. Pumping level below land surfaces: <u>70</u> ft. after <u>1</u> hrs. pumping <u>46</u> g.p.m. <u>70</u> ft. after <u>2</u> hrs. pumping <u>48</u> g.p.m. Estimated maximum yield <u>49</u> g.p.m.
Sand + Gravel				50	60	13. Water sample submitted: <u>   </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>   </u>
Sand + Gravel				60	75	14. Well head completion: <u>70</u> <input type="checkbox"/> Pitless adapter <u>   </u> Inches above grade
Clay				75	76	15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>13</u> ft. to <u>3</u> ft.
						16. Nearest source of possible contamination: <u>None</u> ft. <u>   </u> Direction <u>   </u> Type <u>   </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
						17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>   </u> Model number <u>   </u> HP <u>   </u> Volts <u>   </u> Length of drop pipe <u>   </u> ft. capacity <u>   </u> g.p.m. 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
						18. Elevation:
						19. Remarks:
						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. <u>Albert W. Braun</u> <u>217</u> Business name <u>Boy 56</u> License No. <u>   </u> Address <u>   </u> Signed <u>Albert W. Braun</u> Date <u>8-23-71</u> Authorized representative

T 25 S R 20 W E  
 Sec 16 NW 1/4 NW 1/4 NW 1/4

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

Form WWC-5