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

GREEN NW

CAC

WATER WELL RECORD
KSA 82a-1201-1215

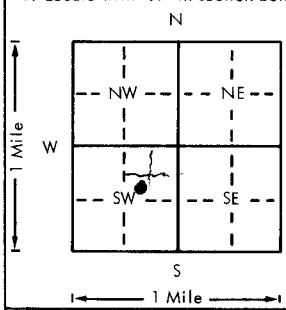
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Decatur	SW 1/4 NE 1/4 SW 1/4	32	T 3 S	R 30 E W

2. Distance and direction from nearest town or city: 11 W 5½ S ½ E Oberlin
Street address of well location if in city:

3. Owner of well: Floyd Brown
R.R. or street:
City, state, zip code: Oberlin Ks 67749

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 9 in. Completion date
Well depth 43 ft. 11-24-78

7. ___ Cable tool X Rotary ___ Driven ___ Dug
___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary

8. Use: ___ Domestic ___ Public supply ___ Industry
___ Irrigation ___ Air conditioning X Stock
___ Lawn ___ Oil field water ___ Other

9. Casing: Material Plst Height: Above or below
Threaded ___ Welded ___ Surface 15 in.
RMP X PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 33 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 250

5. Type and color of material	From	To
Topsoil	0	8
clay	8	23
sand	23	40
shale	40	43
BROCK 40'		
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Joss & Lowell
Type Plst Dia. 5"
Slot/gauze 11/10 Length 10ft
Set between 33 ft. and 43 ft.
___ ft. and ___ ft.
Gravel pack? Xs Size range of material ½-3/8

11. Static water level: mo./day/yr.
21 ft. below land surface Date 10-9-78

12. Pumping level below land surfaces: N/A.
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date

14. Well head completion:
___ Pitless adapter 1.5 Inches above grade

15. Well grouted? Yes
With: ___ Neat cement X Bentonite ___ Concrete
Depth: From 0 ft. to 11 ft.

16. Nearest source of possible contamination:
ft. 190 Direction South Type Pmw
Well disinfected upon completion? ___ Yes X No

17. Pump: X Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation:
Topography:
___ Hill
___ Slope
___ Upland
X Valley

19. Remarks:
2725 (TOPO)

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.
Dalton Drilling 339
Business name License No.
Address Dalton Ks
Signed Bob Wagner Date 12-19-78
Authorized representative

T 3 R 30 E Sec 32 1/4 SW 1/4 NE 1/4 SW 1/4

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

Form WWC-5