

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

| | | | | | | |
|---|-------------------------------|-------------------------------|---|--|-----------------------------|---|
| 1 Location of well: | County Oshorne Penn | Township name NE NE | Fraction 21 | Section number T 75 | Town number R 12W | Range number |
| Distance and direction from nearest town or city: SE of Oshorne | | | 3 Owner of well: Dale Nonemaker RR Oshorne Kansas 67473 | | | |
| Street address of well location if in city: | | | Address: | | | |
| Locate with "X" in section below: N | | Sketch map: | | 4 Well depth: 47 ft. Date of completion 4-24-75 Well diameter 12 in. | | |
| | | | | 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 | | |
| | | | | 6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> | | |
| 2 | | Type and color of material | | From To | | 7 Casing: Material PVC Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 6 in. Weight 200 lbs./ft. 6 in. to 47 ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth! |
| | | | | | | 8 Screen: Manufacturer Jet Stream Type PVC Dia. 6 Slotted gauze 1/2 Length 10 F.T. Set between 27 ft. and 47 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4" |
| | | | | | | 9 Static water level: 24 ft. below land surface Date 5-1-75 |
| | | | | | | 10 Pumping level below land surfaces: ___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield 30 g.p.m. |
| | | | | | | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ___ |
| | | | | | | 12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade 12 |
| | | | | | | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Cement Depth: From 8 ft. to 20 ft. |
| | | | | | | 14 Nearest source of possible contamination: ft. 1500 Direction NW Type YARD Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | 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 |
| 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. D+D Service 108 Business name _____ License No. _____ Address Downs Kansas Signed Wendell Casey Date 5-10-75 Authorized representative |
| | | | | | | Topography: <input type="checkbox"/> Hill <input checked="" 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