

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 <b>OSBORNE</b>	Fraction <b>SW 1/4 SW 1/4 SE 1/4</b>	Section number <b>21</b>	Township number <b>T 7 S R 12 E/W</b>	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:			
<b>15. 1 1/2 E. OF OSBORNE KS,</b>			<b>PHILLIP SCHWEITZER RR 2 OSBORNE KS. 67473</b>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <b>3 1/2</b> in. Completion date <b>10-15-99</b> Well depth <b>40</b> ft.	
					7. <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	
5. Type and color of material		From	To	8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <b>CA</b> Height: <b>Above</b> or below Threaded <b>WELD</b> Welded <input type="checkbox"/> Surface <b>13</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>1 1/2</b> in. to <b>2 7/8</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>1"</b>		
TOPSOIL		1	2	10. Screen: Manufacturer's name <b>JOHNSONS</b> Type <b>Cont. Gab.</b> Dia. <b>16"</b> <input checked="" type="checkbox"/> Slotted gauze <b>1/8"</b> Length <b>13'</b> Set between <b>27</b> ft. and <b>40</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <b>YES</b> Size range of material <b>1/4"</b>		
CLAY		2	10	11. Static water level: <input type="checkbox"/> mo./day/yr. <b>13</b> ft. below land surface Date <b>10-10-99</b>		
SAND YELLOW		10	40	12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>800</b> g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
				15. Well grouted? <b>YES</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>1</b> ft. to <b>12</b> ft.		
				16. Nearest source of possible contamination: <b>LOW HROUND</b> ft. <b>300</b> Direction <b>S</b> Type <b>LOW HROUND</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>BERKLEY</b> Model number <b>2</b> HP <b>3</b> Volts <b>110</b> Length of drop pipe <b>39</b> ft. capacity <b>800</b> g.p.m. Type: <input checked="" 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. <b>D+D Service</b> <b>108</b> Business name License No. Address <b>DOWNS FAN.</b> Signed <b>Wendell D. Drey</b> Date <b>10-10-99</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

T 7 S R 12 E W Sec 21

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

Form WWC-5