

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

SE 1/4 NE 1/4 SE 1/4

1. Location of well: County Oskage		1/4 Fraction NE 1/4 1/4 1/4		Section number 30	Township number T 7 S	Range number R 12 E															
2. Distance and direction from nearest town or city: 2 mi south Oskage west side of Road.			3. Owner of well: M.L. Heffel R.R. or street: Oskage, Kansas City, state, zip code: 67423																		
4. Locate with "X" in section below:		Sketch map: Highway south of Oskage 2 mi.		6. Bore hole dia. 3 1/2 in. Completion date 3/31/78 Well depth 52 ft.																	
				7. <input checked="" 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 type="checkbox"/> Reverse rotary																	
5. Type and color of material				8. 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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other																	
<table border="1"> <thead> <tr> <th></th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>Black Shumbo</td> <td>0</td> <td>6</td> </tr> <tr> <td>Brown Clay</td> <td>6</td> <td>38</td> </tr> <tr> <td>Light Gray Clay</td> <td>38</td> <td>48</td> </tr> <tr> <td>Shovel & Gray Clay</td> <td>48</td> <td>52</td> </tr> </tbody> </table>					From	To	Black Shumbo	0	6	Brown Clay	6	38	Light Gray Clay	38	48	Shovel & Gray Clay	48	52	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface 2' in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 2 1/2 ft. depth Wall Thickness: inches or Dia. 5 in. to 4 1/2 ft. depth gage No. 265		
	From	To																			
Black Shumbo	0	6																			
Brown Clay	6	38																			
Light Gray Clay	38	48																			
Shovel & Gray Clay	48	52																			
				10. Screen: Manufacturer's name M.P.I. Type PVC Dia. 5" Slot/gauze .025 Length 10' Set between 42 ft. and 52 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/16 X 3/8																	
				11. Static water level: _____ mo./day/yr. 40 ft. below land surface Date 3/31/78																	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 8 g.p.m.																	
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																	
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade																	
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 40 ft. to 30 ft. 15' - 5'																	
				16. Nearest source of possible contamination: None ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other																	
(Use a second sheet if needed)																					
18. Elevation:		19. Remarks: Farmer to Complete Well.		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. Small's Well Drilling 360 Business name _____ License No. _____ Address 55 South 6 Kansas City Williamstown Date 6/2/78 Signature _____ Authorized representative																	
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley																					

T 7 - 120 - 30 SE 1/4 NE 1/4 SE 1/4

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

Form WWC-5