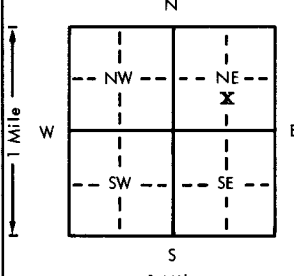


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

North Well

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 Thomas	Fraction NW 1/4 SE 1/4 NE 1/4	Section number 20	Township number T 7 S R 31	Range number 31
2. Distance and direction from nearest town or city: 3 1/4 West; 2 1/4 South Street address of well location if in city:			3. Owner of well: Kenneth Schroeder R.R. or street: City, state, zip code: Oakley, Kansas			
4. Locate with "X" in section below: 			Sketch map:		6. Bore hole dia. 30 in. Completion date 8-13-76 Well depth 205 ft.	
5. Type and color of material			From	To	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	
Clay			0	45	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	
Gravel			45	69	9. Casing: Material Steel Height: Above or Below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight .188 lbs./ft. Dia. 16 in. to 135 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. #7	
Clay, XX Gravel Streaks			69	80	10. Screen: Manufacturer's name Free Flow W. A. Brown Type Bridge Dia. 16 Slot/gauze 10 Length 60 Set between 135 ft. and 195 ft. 10 Cook 195 ft. and 205 ft. Gravel pack <input checked="" type="checkbox"/> Size range of material 1/2 x 5/8	
Clay			80	100	11. Static water level: <input type="checkbox"/> mo./day/yr. 90 ft. below land surface Date 8-31-76	
Clay, Streaks of Coarse Sand			100	120	12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. 196 ft. after 2 hrs. pumping 2000 g.p.m. Estimated maximum yield XXXX 2000 g.p.m.	
Clay, Streaks of Sand Stone, Streaks of Med. Gr.			120	140	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
Clay, Streaks of Sand Stone			140	153	14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade	
Sand Stone Hard			153	165	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Clay Depth: From 0 ft. to 10 ft.	
Coarse Sand, Med. Gravel			165	180	16. Nearest source of possible contamination: ft. 5000 Direction SW Type Farm Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Med. Gravel			180	199	17. Pump: <input type="checkbox"/> Not installed Manufacturer's name Floway Model number 056131 HP 125 Volts Length of drop pipe 190 ft. capacity <input type="checkbox"/> g.p.m. Type: 5 Stage 12: DOH Bowl <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
Clay			199	201	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. Western Well & Pump 2145 Business name License No. Address Box 852, XXXX Colby, KS Signed _____ Date _____ Authorized representative	
Gravel			201	202		
Ochre & Shale			202	205		
BROCK 202'						
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5