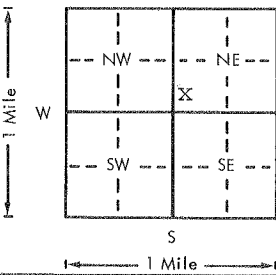


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

ACC

1. Location of well:		County <b>Thomas</b>	Fraction <b>SW 1/4 SW 1/4 NE 1/4</b>	Section number <b>17</b>	Township number <b>T 8 S R 34 E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>From Colby, KS</b> <b>2 South, 4 West</b> Street address of well location if in city:				3. Owner of well: <b>Ernest Schielke</b> R.R. or street: <b>Rt. #2</b> City, state, zip code: <b>Colby, KS 67701</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>32</b> in. Completion date _____ Well depth <b>190</b> ft. <b>12-29-77</b>		
				7. Cable tool _____ Rotary _____ Driven _____ Dug _____ Hollow rod _____ Jetted _____ Bored <input checked="" type="checkbox"/> Reverse rotary		
				8. Use: _____ Domestic _____ Public supply _____ Industry _____ <input checked="" type="checkbox"/> Irrigation _____ Air conditioning _____ Stock _____ Lawn _____ Oil field water _____ Other _____		
				9. Casing: Material <b>Conc.</b> Height: Above or below _____ Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <b>1 1/2</b> in. <b>146</b> ft. depth <input checked="" type="checkbox"/> Wall thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <b>4"</b>		
5. Type and color of material				From	To	10. Screen: Manufacturer's name _____ <b>Kelly Well Screen</b> Type <b>Concrete</b> Dia. <b>17 I.D.</b> Slot/gauze _____ Length _____ Set between <b>146</b> ft. and <b>190</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>30% #1</b> 70% <b>1/4 X 5/8</b>
Clay, Coarse Sand				0	130	11. Static water level: _____ mo./day/yr. <b>122</b> ft. below land surface Date <b>12-30-77</b>
Clay, Fine Sand Streaks				130	155	12. Pumping level below land surfaces: <b>180</b> ft. after <b>2</b> hrs. pumping <b>889</b> g.p.m. <b>160</b> ft. after <b>1/2</b> hrs. pumping <b>700</b> g.p.m. Estimated maximum yield <b>850</b> g.p.m.
Coarse Sand, Med. Gravel, Clay Streaks				155	182	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____
Ochre, Shale				182	190	14. Well head completion: _____ Pitless adapter <b>12</b> Inches above grade
BROCK 182'						15. Well grouted? <b>yes</b> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete _____ Depth: From <b>0</b> ft. to <b>10</b> ft.
						16. Nearest source of possible contamination: _____ ft. <b>1,600</b> Direction <b>West</b> Type <b>Farmstead</b> Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No _____
						17. Pump: _____ Not installed Manufacturer's name <b>BJ</b> Model number _____ HP _____ Volts _____ Length of drop pipe <b>190</b> ft. capacity _____ g.p.m. Type: _____ Submersible <input checked="" type="checkbox"/> Turbine _____ _____ Jet _____ Reciprocating _____ _____ Centrifugal _____ Other _____
(Use a second sheet if needed)						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>Western Well &amp; Pump 245</b> Business name _____ License No. _____ Address <b>Box 852 Colby, KS</b> Signed <b>Ray F. Denison Jr.</b> Date <b>6-5-78</b> Authorized representative <b>Ray F. Denison Jr.</b> Form WWC-5
18. Elevation:		19. Remarks:				
Topography: <input checked="" type="checkbox"/> Hill _____ Slope _____ Upland _____ Valley						

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