

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
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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 MORRIS	Fraction SE 1/4 1/4 1/4	Section number 33	Township number 16	Range number 18
2. Distance and direction from nearest town or city: Street address of well location if in city:		2 miles SOUTH 2 MILES WEST COUNCIL GROVE		3. Owner of well: WILL ROSWURM R.R. or street: City, state, zip code: COUNCIL GROVE KS 66846		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: HOUSE X WELL		6. Bore hole dia. 9 in. Completion date _____ Well depth 109 ft. 5-1-77		
5. Type and color of material		From To		7. <input checked="" type="checkbox"/> Cable tool _____ Rotary _____ Driven _____ Dug _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary		
CLAY RED		0 5		8. Use: <input checked="" type="checkbox"/> Domestic _____ Public supply _____ Industry _____ Irrigation _____ Air conditioning _____ Stock _____ Lawn _____ Oil field water _____ Other		
LIME ROCK YELLOW		5 22		9. Casing: Material STYRENE Height: Above or below Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC _____ Weight _____ lbs./ft.		
SHALE RED		22 28		Dia. 5 in. to 40 ft. depth Wall Thickness: inches or Dia. 60 in. to 109 ft. depth gage No. _____		
LIME ROCK GRAY		28 34		10. Screen: Manufacturer's name JESSY LOWELL		
SHALE BLUE		34 65		Type 200 Dia. 5		
LIME ROCK		65 70		Slot/gauze SAVBLADE Length _____		
SHALE BLUE		70 86		Set between 40 ft. and 60 ft. _____ ft. and _____ ft.		
LIME ROCK GRAY		86 94		Gravel pack? _____ Size range of material _____		
SHALE RED		94 96		11. Static water level: _____ mo./day/yr. 34 ft. below land surface Date _____		
LIME ROCK WHITE		96 100		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
SHALE BLUE		100 109		Estimated maximum yield _____ g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____		
				14. Well head completion: _____ Pitless adapter _____ Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 15 ft.		
				16. Nearest source of possible contamination: 150 YDS Direction _____ Type HORSE Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ 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. H H HRAUSE 156 Business name _____ License No. _____ Address COUNCIL GROVE KS Signed [Signature] Date 5-1-77 Authorized representative		

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

Form WWC-5