

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: <u>Marshall</u>	Fraction: <u>SW 1/4 SW 1/4 SE 1/4</u>	Section number: <u>2</u>	Township number: T <u>5</u> S R <u>9</u> <span style="float:right;">(EN)</span>	Range number: <u>9</u>
2. Distance and direction from nearest town or city: <u>1.5-1.5-E. of Frankfort, KS.</u> Street address of well location if in city:			3. Owner of well: <u>Robert E Roeder</u> R.R. or street: <u>2</u> City, state, zip code: <u>Frankfort KS 66427</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date <u>9-28-77</u> Well depth <u>50</u> ft.	
		<p>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</p> <p>8. Use: <input 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</p>		9. Casing: Material <u>PLST</u> Height: Above or below	
				<p>Threaded <input type="checkbox"/> Welded <u>GHE</u> Surface <u>16</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>50</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>Sch 40</u></p>	
5. Type and color of material			From	To	10. Screen: Manufacturer's name <u>Slot By Driller</u>
<u>Clay Brown</u>			<u>0</u>	<u>20</u>	Type <u>PVC</u> Dia. <u>5"</u>
<u>Lime Rock White</u>			<u>20</u>	<u>25</u>	Slot/gauze <u>1/16</u> Length <u>30'</u>
<u>Shale Blue</u>			<u>25</u>	<u>28</u>	Set between <u>20</u> ft. and <u>50</u> ft.
<u>Lime Rock White</u>			<u>28</u>	<u>30</u>	Gravel pack? <u>yes</u> Size range of material <u>4-12</u>
<u>Shale Brown</u>			<u>30</u>	<u>37</u>	11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>9-28-77</u>
<u>Lime Rock</u>			<u>37</u>	<u>40</u>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
<u>Shale Brown</u>			<u>40</u>	<u>45</u>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
<u>Lime Rock Gray</u>			<u>45</u>	<u>48</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
<u>Shale Blue</u>			<u>48</u>	<u>50</u>	15. Well grouted? <u>yes Puddled Clay</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
					16. <u>No</u> source of possible contamination: ft. <u>200'</u> Direction <u>SW</u> Type <u>Creek</u> 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: <u>Cement Slab To Be Poured by Land owner</u>		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. <u>Harpers Drilling Serv. 176</u> Business name <u>Blue Rapids, KS</u> License No. _____ Address _____ Signed <u>C. Harper</u> Date <u>9-28-77</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5