

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 Ellis	Fraction SW 1/4 SE 1/4 SE 1/4	Section number 22	Township number T 15 S R 19	Range number EW
2. Distance and direction from nearest town or city: 4 m. West - 2 north of Schoenchen, Ks. Street address of well location if in city:			3. Owner of well: E.D. Herl R.R. or street: 1329 Douglas St. City, state, zip code: Hays, Kansas 67601			
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>50</u> ft. <u>9-7-79</u>	
5. Type and color of material			From	To	7. <input type="checkbox"/> Cable tool <input checked="" 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	
sandy top soil			0	2	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	
clay			2	8	9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>5 1/2</u> in. <u>50</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>258</u>	
good clean sand gravel			8	35	10. Screen: Manufacturer's name <u>certain teed</u> Type _____ Dia. <u>5 1/2</u> Slot/gauze <u>1/16</u> Length <u>20</u> Set between <u>40</u> ft. and <u>50</u> ft. <u>20</u> ft. and <u>30</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4-3/8-1/2</u>	
blue mud			35	37	11. Static water level: _____ mo./day/yr. <u>13</u> ft. below land surface Date <u>9-7-79</u>	
sand gravel clay mixed			37	50	12. Pumping level below land surfaces: <u>13</u> ft. after <u>1</u> hrs. pumping <u>100</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>200</u> g.p.m.	
shale			50		13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>9-7-79</u>	
					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> Inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
					16. Nearest source of possible contamination: ft. <u>250</u> Direction <u>south</u> Type <u>corral</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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		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. <u>Rosencrantz-Bemis 134</u> Business name _____ License No. _____ Address <u>Box 713 Great Bend, KS</u> Signed <u>Fredia Rodon</u> Date <u>9/17/79</u> Authorized representative		

T 15 S R 19 E Sec 22 SW 1/4 SE 1/4

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

Form WWC-5