

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 <b>Ellsworth</b>	Fraction <b>NE 1/4 NE 1/4 SE 1/4</b>	Section number <b>26</b>	Township number <b>T 16 S R 9</b>	Range number <b>9</b>	<b>EW</b>
2. Distance and direction from nearest town or city: <b>3.5N-2E-.4N-.1W Lorraine, Kansas</b>			3. Owner of well: <b>Arlo Janssen</b> R.R. or street: <b>R.R.</b> City, state, zip code: <b>Lorraine, Kansas 67459</b>				
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>7</u> in. Completion date _____ Well depth <u>90</u> ft. <u>3-5-75</u>		
					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		
					8. Use: <input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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		
5. Type and color of material					9. Casing: Material <u>SR</u> Height: Above or below Threaded <input type="checkbox"/> Welded <u>GI</u> Surface <u>18</u> in. RMP <u>XX</u> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5 1/2</u> in. to <u>90</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u>		
					10. Screen: Manufacturer's name <u>B&amp;B</u> Type <u>Sawed SR</u> Dia. <u>5 1/2</u> Slot/gauze <u>06(1/16)</u> Length <u>20</u> Set between <u>70</u> ft. and <u>90</u> ft. _____ ft. and _____ ft. Gravel pack? <u>XX</u> Size range of material <u>1/8-3/8</u>		
					11. Static water level: _____ mo./day/yr. <u>65</u> ft. below land surface Date <u>3-5-75</u>		
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.		
					13. Water sample submitted: _____ mo./day/yr. Yes <u>XXX</u> No _____ Date _____		
					14. Well head completion: <u>Did Not do</u> <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade		
					15. Well grouted? <u>yes</u> With: <u>XX</u> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>5</u> ft. to _____ ft. <u>15</u>		
					16. Nearest source of possible contamination: ft. <u>120</u> Direction <u>E</u> Type <u>Cesspool</u> Well disinfected upon completion? <u>XX</u> 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: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
					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>Boeken &amp; Burrows</u> 157 Business name _____ License No. _____ Address <u>Holyrod, Kansas 67450</u> Signed <u>[Signature]</u> Date <u>6/30/87</u> Authorized representative		
18. Elevation:		19. Remarks:					
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

16-9-87  
Sec 26  
NE 1/4 SE 1/4

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

Form WWC-5