

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>SE 1/4 SE 1/4 NE 1/4</b>	Section number <b>26</b>	Township number <b>T 16 S R 9 E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>Lorraine, Kansas</b> Street address of well location if in city:			3. Owner of well: <b>Arlo Janesen</b> R.R. or street: <b>R.R.</b> City, state, zip code: <b>Lorraine, Kansas</b>		
4. Locate with "X" in section below: N  W E Well#1 S 1 Mile			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <u>7</u> in. Completion date <u>5-5-75</u> Well depth <u>100</u> ft.
Topsoil			0	2	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
Clay, Firm, Yellow			2	6	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
Sandrock, Fine, Yellow, Dry			6	22	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>100</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>250</u>
Clay, Firm, Yellow, Brown			22	36	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 (1/15)</u> Length <u>20</u> Set between <u>70</u> ft. and <u>90</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-3/8</u>
Clay, Compact, Grey			36	52	11. Static water level: _____ mo./day/yr. <u>69</u> ft. below land surface Date <u>5-5-1975</u>
Clay, Sandy, Soft, Brown			52	67	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>19</u> g.p.m.
Clay, Sandy, Firm, White			67	71	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____
Sandrock, Fine, Yellow			71	89	14. Well head completion: <u>did not do</u> <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade
Clay, Sandy, Compact, Yellow			89	93	15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>5</u> ft. to <u>15</u> ft.
Clay, Hard, Grey			93	100	16. Nearest source of possible contamination: ft. <u>120</u> Direction <u>SE</u> Type <u>Oil Well</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:		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>Boeken&amp;Burrows</b> 157 Business name _____ License No. _____ Address <u>Holyrood Kansas</u> Signed <u>William Boeken</u> Date _____ Authorized representative		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T-16  
R-9  
W-26  
S-26  
1/4  
1/4  
1/4

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

Form WWC-5