

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>Ellsworth</u>	Fraction <u>1/4 C 1/4 NE 1/4</u>	Section number <u>20</u>	Township number T <u>17</u> S	Range number R <u>8</u> E <u>W</u>
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>4 3/4 mi East of Jovaine, Ks.</u>			3. Owner of well: <u>Melvin Rolfo</u> R.R. or street: <u>Rd. #3</u> City, state, zip code: <u>Lenexa, Kansas 67444</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>2 1/2</u> in. Completion date _____ Well depth <u>280</u> ft. <u>6-16-77</u>	
<p style="text-align: center;">N NW --- X --- NE SW --- SE S 1 Mile</p>		<p>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</p> <p>8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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</p> <p>9. Casing: Material <u>Steel</u> Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>1 1/2</u> in. to <u>280</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>7</u></p>			
				10. Screen: Manufacturer's name _____ <u>DOERRS</u> Type <u>steel</u> Dia. <u>16"</u> Slot/gauze _____ Length <u>100'</u> Set between <u>180</u> ft. and <u>280</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 to 3/4"</u>	
5. Type and color of material		From	To	11. Static water level: _____ mo./day/yr. <u>90</u> ft. below land surface Date <u>3-1-77</u>	
<u>Top Soil</u>		<u>0</u>	<u>3</u>	12. Pumping level below land surfaces: <u>244</u> ft. after <u>72</u> hrs. pumping <u>600</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>600</u> g.p.m.	
<u>Hard clay</u>		<u>3</u>	<u>42</u>	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>3-1-77</u>	
<u>Soft clay</u>		<u>42</u>	<u>51</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade	
<u>Shale</u>		<u>51</u>	<u>72</u>	15. Well grouted? <input checked="" type="checkbox"/> With <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>16</u> ft.	
<u>Soft rock & clay</u>		<u>72</u>	<u>110</u>	16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>north</u> Type <u>gaswell</u>	
<u>Fine clay</u>		<u>110</u>	<u>145</u>	Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Soft rock & clay</u>		<u>145</u>	<u>152</u>	17. Pump: _____ Not installed Manufacturer's name <u>W. L. R.</u> Model number <u>910CPMHP 80</u> Volts _____ Length of drop pipe <u>260</u> ft. capacity <u>600</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
<u>Hard rock</u>		<u>152</u>	<u>155</u>	(Use a second sheet if needed)	
<u>Sand rock & clay</u>		<u>155</u>	<u>160</u>		
<u>Shale</u>		<u>160</u>	<u>180</u>	18. Elevation:	
<u>Sand rock & shale</u>		<u>180</u>	<u>184</u>	19. Remarks:	
<u>Good clean soft sand rock</u>		<u>184</u>	<u>280</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>Rosenkrantz-Demis 134</u> Business name _____ License No. _____ Address <u>Sheets Bend, Ks 67530</u> Signed <u>Jandy Hilgore</u> Date <u>6-30-77</u> Authorized representative	
<u>Hard Iron Pyrite</u>		<u>280</u>			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

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