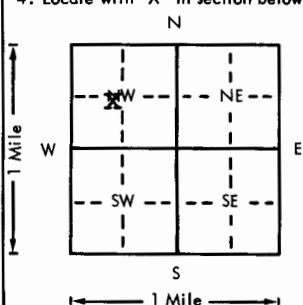


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Ellsworth	Fraction NE SE 1/4 SW 1/4 NW 1/4	Section number 2	Township number T 17 S	Range number R 9 E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: Merle F. Boeken R.R. or street: Box 1 City, state, zip code: Lorraine, Kansas 67459			
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. 7 in. Completion date _____ Well depth _____ ft. 9-15-1975			
5. Type and color of material			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 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			
			9. Casing: Material SR Height: Above or below _____ Threaded _____ Welded G1 Surface _____ in. RMP XX PVC _____ Weight _____ lbs./ft. Dia. 5 1/2 in. to 101 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gage No. 250			
			10. Screen: Manufacturer's name B&B Type sawed SR Dia. 5 1/2 Slot/gauze .0601/16 Length 21 Set between 80 ft. and 101 ft. ft. and _____ ft. Gravel pack? Yes Size range of material 1/8-3/8			
			11. Static water level: _____ mo./day/yr. 81 ft. below land surface Date 9-15-75			
			12. Pumping level below land surfaces: Bailed _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 198 g.p.m.			
			13. Water sample submitted: _____ mo./day/yr. Yes XXX No _____ Date _____			
			14. Well head completion: did not do <input type="checkbox"/> Pitless adapter _____ Inches above grade			
			15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.			
			16. Nearest source of possible contamination: stock Pens ft. 150 Direction W Type _____ 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:				
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						
		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. Business name B&B W.W.Co. License No. _____ Address Holyrood, Ks. _____ Signed Merle F. Boeken Date 6/30 Authorized representative				

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

Form WWC-5

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