

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<br><b>Stafford</b> | Fraction<br><b>C</b> 1/4 NE 1/4 NW 1/4 | Section number<br><b>14</b>   | Township number<br>T <b>24</b> S | Range number<br>R <b>13</b> E <b>W</b> |
| 2. Distance and direction from nearest town or city:<br><b>3 miles Southeast of St. John, KS</b><br>Street address of well location if in city:      |                           |  | 3. Owner of well: <b>Bill Roohms</b><br>R.R. or street: <b>Route 2</b><br>City, state, zip code: <b>St. John, KS 67576</b>  |                                  |  |
| 4. Locate with "X" in section below:<br>N<br>W<br>E<br>S<br>1 Mile<br>1 Mile   |                           |  | Sketch map:<br>   |                                  |  |
| 5. Type and color of material  |                           |  | 6. Bore hole dia. <u>9</u> in. Completion date <u>5-4-78</u><br>Well depth <u>45</u> ft.  |                                  |  |
| Top Soil   |                           |  | 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary  |                                  |  |
| Gray clay  |                           |  | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other  |                                  |  |
| Sandy clay   |                           |  | 9. Casing: Material <u>Styrene</u> Height: <u>Above</u> or below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in.<br>RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.5</u> lbs./ft.<br>Dia. <u>5</u> in. to <u>40</u> ft. depth Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>200</u> |                                  |  |
| Fine sand & clay streaks   |                           |  | 10. Screen: Manufacturer's name <u>Jess &amp; Lowell</u><br>Type <u>Styrene 200</u> Dia. <u>5"</u><br><u>1/8</u> Slot gauze Length <u>5'</u><br>Set between <u>40</u> ft. and <u>45</u> ft.<br><input type="checkbox"/> ft. and <input type="checkbox"/> ft.<br>Gravel pack? <u>yes</u> Size range of material <u>3/8-200</u>   |                                  |  |
| Sand & gravel  |                           |  | 11. Static water level: _____ mo./day/yr.<br><u>12' 4"</u> ft. below land surface Date <u>5-4-78</u>  |                                  |  |
|  |                           |  | 12. Pumping level below land surfaces <u>Not Checked</u><br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield _____ g.p.m.  |                                  |  |
|  |                           |  | 13. Water sample submitted: _____ ma./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____   |                                  |  |
|  |                           |  | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade  |                                  |  |
|  |                           |  | 15. Well grouted? <u>yes</u><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <u>0</u> ft. to <u>10</u> ft.   |                                  |  |
|  |                           |  | 16. Nearest source of possible contamination: <u>FIELD</u><br>ft. _____ Direction _____ Type _____<br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                                  |  |
|  |                           |  | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Valts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other          |                                  |  |
|  |                           |  | (Use a second sheet if needed)  |                                  |  |
| 18. Elevation:   | 19. Remarks:              |  | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Clarke Well &amp; Eq., Inc. 185</b><br>Business name License No. _____<br>Address <b>Great Bend, KS 67530</b><br>Signed <u>J.W. Clark</u> Date <u>5-5-78</u><br>Authorized representative   |                                  |  |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley |                           |  |   |                                  |  |

24 / 30 14 CNE NW 1/4 1/4 1/4

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

Form WWC-5