49	1 77	41 WA	ATER WELL RE	CORD	Form \	NWC-5	KSA 8	32a-1212 I	ID No.				
1 LOCAT	ION OF WA	TER WELL:	Fraction				Se	ction Numb	per	Township Nun	nber	Range Numbe	$\overline{}$
County:	Edwards		NW 1	/4 NV	/ 1/4	NW	1/4	36		т 25	s	R 16	<u> (w)</u>
Distance a	and direction	n from nearest t	town or city stre	et addres	ss of well	if located	within c	ity?					
			1 2 1/2 miles eas		sdale								
2 WATER	R WELL OW	/NER: Jacob W	(Bill) Roenbaug	nh									
RR#, St. A	Address, Bo	× # : Route 1 -	Box 72	<b>.</b> .						Board of Agric	ulture, Div	vision of Water Re	sources
City, State	, ZIP Code	. Haviland,	KS 67059							Application Nu	mber:		
3 LOCAT	E WELL'S LO	OCATION WITH	4 DEPTH OF	COMPL	ETED WE	ELL	67	ft. ELE	VATION	: unknown			
_ AN "X"	IN SECTIO	N BOX:											
1 <del>-</del> -	N.		WELL'S STAT	IC WATE	R LEVEL	16	ft. bel	ow land sur	face mea	sured on mo/da	v/vr 6-13	3-05	
1 X		- i	Pı	ımn test	data: Wel	l water w	not	checked f	ft after		hours ou	3-05 mping	anm
-	_ NW	NE										mping	
	!	!	Poro Holo Dia	motor	8 8	in to	6	7	ft and		ir	n. to	ft ft
₩ ₩	1	E						supply		r conditioning		Injection well	11.
1			WELL WATER							-			
-	- sw	se	1 Domestic		eedlot		ield water			-		Other (specify belo	ow)
	<u> </u>	ŀ	2 Irrigation		ndustrial					onitoring well			
<u> </u>		1	Was a chemica	l/bacterio	logical san	nple submi	tted to De	epartment?	Yes	No <b>√</b> ı	f yes, mo	/day/yrs sample w	vas sub-
	5		mitted									No	
5 TYPE C	OF BLANK (	CASING USED:		5 Wrot	ught iron	8	3 Concre	ete tile		CASING JOIN	TS: Glued	✓ Clamped	
1 Steel		3 RMP (SR)		6 Asbe	estos-Ceme	ent 9	Other (	specify below	w)		Welde	d	
2 PVC		4 ABS		7 Fibe	erglass						Thread	ded	<b></b>
Blank cas	sing diamete	er 5	in. to	55	ft., Dia		i	n. to		ft., Dia		in. to	ft
		land surface	24	in., weig	ht	2	.36	1	lbs./ft. Wa	all thickness or	gauge No	.214	
	•		TION MATERIA			C	PVC			10 Asbest			
								SR)					
2 Bras		4 Galvanize			ncrete tile		BRMP( BABS	OIT			used (open		
		ORATION OPE		0 001					8			lone (open hole)	
		_				zed wrappe	u				,	one (open noie)	
	ntinuous slot	_	Mill slot			wrapped				Drilled holes			ft.
	uvered shutter		Key punched		7 Torcl	n cut . to	65	ft., Fr			ft to		
SCI	REEN-PERFOR	ATED INTERVALS:		55							ft to		ft.
	CDAVEL	DACK INTERVAL	From	20		. to . to	65	ft., Fr ft., Fr			ft to		ft.
	GRAVEL	. PACK INTERVAI	LS: From	20			65				ft. to		ft.
		44 <del></del>											
6 GRO	UT MATER	IAL: 1 Neat	cement 2 Ce	ment grou	t 3 E	Bentonite			4 Other	Bentonite Hole	plug		
Grout In	tervals: Fro	ım	ft. to		ft. From		fi	t. to		ft., From	0	ft. to 20	ft.
1			ble contamination	on:	,			10 Livestock				ndoned water well	
	tic tank	•	Lateral lines		7 Pit p	nrivv		11 Fuel store	•			vell/Gas well	
			i Cess pool			-		12 Fertilizer	•			er (specify below)	
	ver lines				9 Fee	rage lagoon	'	13 Insecticid	-	None ki		si (specify delow)	
3 Wat	ertight sewer	iines 0	Seepage pit		9 166	uyaru			•				
Direction	from well?							How m	nany feet	?			
FROM	ТО		LITHOLOGIC L	.og			FROM	то		PLUG	GING INT	ERVALS	
0	3	Topsoil											
3	11	Clay, brown,	sandy										
11	14	Clay, gray, sa	andy										
14	17		avel, fine to med	ium									
17	21	Clay, brown,							1				
21	28		caliche streaks				~~~						
28	30		evel, fine to coar	se									
30	34	Clay, white					··-		+				
34	67		avel, fine to coar										
34	01	Janu and gra	avoi, inte to toal								4		
-			40.										
									-				
	1								-				
				-					+				
	<u> </u>							<u></u>					
7 CONTR	ACTORIS OF	LANDOWNER'S	CERTIFICATION:	This water	er well was	(1) const	ructed ).	(2) recon	structed	or (3) plugged	l unde	er my jurisdiction and	was
,	ACTUR 3 UR												
1	l on (mo/day			6-13 <b>-</b> 0				and this re	ecord is t	rue to the best o	of my knov	wledge and belief.	Kansas
completed	l on (mo/day				5			and this re		_	of my knov	wledge and belief. 6-14-05	Kansas
completed Water We	l on (mo/da) Il Contractor	//year) 's License No	185	6-13-0	5			as complete		o/day/yr)	of my know		Kansas
completed Water Wei under the	I on (mo/day II Contractor business na TIONS: Use type	r/year) 's License No me of Clarke V ewriter or ball point pe	185 Vell & Equipmer	6-13-0: nt, Inc.	This Wa	iter Well F	Record w	as complete	ted on (m by (signat the correct a	o/day/yr) ure) nswers. Send top three	ee copies to K	6-14-05 ansas Department of Hea	