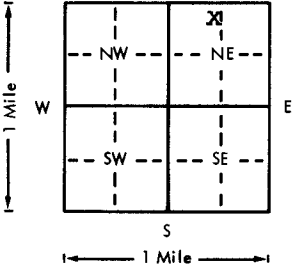


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Edwards | Fraction ne 1/4 nw 1/4 ne 1/4 | Section number 17 | Township number T 25 S R 19 | Range number 19 |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: 2-S 1 1/2-W south side from Kinsley, Ks. | | | 3. Owner of well: R.R. or street: City, state, zip code: John Froetschner Rt. 1 Offerele, Kansas 67563 | | |
| 4. Locate with "X" in section below: Sketch map:  | | | 6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>50</u> ft. <u>2-28-79</u> | | |
| 5. Type and color of material | | | 7. <input checked="" 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 | | |
| | | | 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 <u>pvc</u> Height: Above or below _____ Threaded _____ Welded _____ Surface <u>24</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>6 1/2</u> in. to <u>50</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>280</u> | | |
| | | | 10. Screen: Manufacturer's name _____ <u>CertainTeed</u> Type <u>pvc</u> Dia. _____ Slot/gauge <u>1/16</u> Length <u>10</u> Set between <u>50</u> ft. and <u>40</u> ft. _____ ft. and _____ ft. Grovel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u> | | |
| | | | 11. Static water level: _____ mo./day/yr. <u>11</u> ft. below land surface Date <u>2-28-79</u> | | |
| 12. Pumping level below land surfaces: <u>na</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m. | | | | | |
| 13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>2-28-79</u> | | | | | |
| 14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade | | | | | |
| 15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to <u>10</u> ft. | | | | | |
| 16. Nearest source of possible contamination: ft. <u>300</u> in direction <u>east SW</u> Type <u>irrig 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | 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. <u>Rosencrantz-Bemis</u> <u>134</u> Business name License No. Address <u>Great Bend, Kansas</u> <u>67530</u> Signed <u>Sandy Kugel</u> Date <u>3-30-79</u> Authorized representative | | |

T 25 S R 19
 Sec 17
 NE NW NE
 1/4 1/4 1/4

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

Form WWC-5