

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

Roenbaugh #2

1. Location of well: County <i>Edwards</i>		Fraction <i>C NW 1/4</i> 1/4 1/4 1/4		Section number <i>9</i>		Township number <i>T 26 S</i>		Range number <i>R 17 W</i> E/W	
2. Distance and direction from nearest town or city: <i>1/2 south</i> Street address of well location if in city: <i>3/4 west Felburg</i>				3. Owner of well: <i>D N B Drilling Co</i> R.R. or street: <i>Michita Kansas</i> City, state, zip code:					
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile				Sketch map:		6. Bore hole dia. <i>5</i> in. Completion date Well depth <i>60</i> ft. <i>11-7-77</i>			
						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			
						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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other			
5. Type and color of material				From		To		9. Casing: Material <i>Plastic</i> Height: <i>Above</i> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <i>287.3</i> lbs./ft. Dia. <i>5</i> in. to <i>60</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>200</i>	
								10. Screen: Manufacturer's name <i>Self made</i> Type <i>PVC</i> Dia. <i>5</i> Slot gauze <i>1/8</i> Length <i>20</i> Set between <i>40</i> ft. and <i>60</i> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <i>yes</i> size range of material <i>1/8-1/4</i>	
<i>Clay</i>				<i>0</i>		<i>10</i>		11. Static water level: <input type="checkbox"/> mo./day/yr. <i>21</i> ft. below land surface Date <i>11-7-77</i>	
<i>Sandy clay</i>				<i>10</i>		<i>20</i>		12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <i>100</i> g.p.m.	
<i>Sand</i>				<i>20</i>		<i>40</i>		13. Water sample submitted: ____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
<i>Gravel</i>				<i>40</i>		<i>60</i>		14. Well head completion: <input type="checkbox"/> Pitless adapter ____ Inches above grade	
								15. Well grouted? <i>yes</i> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.	
								16. Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input 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	
								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. <i>Meyer Water Well</i> Business name <i>St Bend Ho</i> License No. <i>143</i> Address _____ Signed <i>Meyer</i> Date <i>11-7-77</i> Authorized representative	
18. Elevation:		19. Remarks:							
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley									

T 26
 R 17
 S
 W
 E
 Sec 9
 1/4 C NW
 1/4
 1/4

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

Form WWC-5