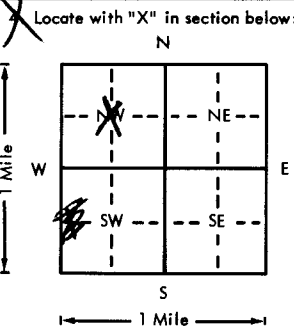


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Edwards</u> Fraction <u>1/4 c NW</u> Section number <u>9</u> Township number <u>T 26 S</u> Range number <u>R 17 NW</u>	
2. Distance and direction from nearest town or city: <u>3 1/4 S 3 1/4 W 1000 Jellsburg</u> Street address of well location if in city:	
3. Owner of well: <u>Jake Roenbaugh</u> R.R. or street: City, state, zip code: <u>Lewis Mo.</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
6. Bore hole dia. <u>2 1/2</u> in. Completion date <u>2-11-76</u> Well depth <u>155</u> ft.	
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 checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <u>steel</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>16</u> in. to <u>155</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>7</u>	
10. Screen: Manufacturer's name <u>Doerr's</u> Type <u>steel</u> Dia. <u>16</u> Slot gawze <u>3/16</u> Length <u>72</u> Set between <u>83</u> ft. and <u>155</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 3/4 3/8</u>	
11. Static water level: <u>19</u> ft. below land surface Date <u>11-28-75</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>18</u> ft. after <u>1</u> hrs. pumping <u>1300</u> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>1400</u> g.p.m.	
13. Water sample submitted: <u>No</u> Date <u>11-28-75</u> mo./day/yr.	
14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: ft. <u>114</u> Direction <u>NW</u> Type <u>concrete</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>WLR</u> Model number <u>5-CM-12</u> HP <u>50</u> Volts <u> </u> Length of drop pipe <u>75</u> ft. capacity <u>7000</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
18. Elevation: <u>7138'</u> 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>Mosemcrantz-Bemis 134</u> Business name License No. Address <u>Great Bend, Mo.</u> Signed <u>India Olson</u> Date <u>9/20/76</u> Authorized representative	

T 26
 R 17
 S
 NW
 Sec 9
 1/4 1/4 1/4

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

Form WWC-5