

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
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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 1/4 SW 1/4</u>	Section number <u>1</u>	Township number <u>T 26 S</u>	Range number <u>R 18 E</u>
2. Distance and direction from nearest town or city: <u>1/2 S 1-E 1/4 N east side from Center View, Ks</u> Street address of well location if in city:			3. Owner of well: <u>Jake Roenbaugh</u> R.R. or street: <u>none</u> City, state, zip code: <u>Lewis, Kansas 67552</u>		
4. Locate with "X" in section below: <div style="text-align: center;"> </div>			Sketch map: <div style="text-align: center;"> </div>		
5. Type and color of material			From	To	6. Bore hole dia. <u>29</u> in. Completion date _____ Well depth <u>143</u> ft. <u>3-15-76</u>
<u>sandy top soil</u>			<u>0</u>	<u>2</u>	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
<u>clay</u>			<u>2</u>	<u>10</u>	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
<u>good sand & gravel</u>			<u>10</u>	<u>24</u>	9. Casing: Material <u>steel</u> Height: Above or <u>XXX</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>143</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>7</u>
<u>clay</u>			<u>24</u>	<u>26</u>	10. Screen: Manufacturer's name <u>Doerrs</u> Type <u>steel</u> Dia. _____ Slot <u>3/16</u> Length <u>60</u> Set between <u>53</u> ft. and <u>61</u> ft. <u>91</u> ft. and <u>143</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>
<u>sand & gravel</u>			<u>26</u>	<u>28</u>	11. Static water level: _____ mo./day/yr. <u>12</u> ft. below land surface Date <u>1-27-76</u>
<u>clay</u>			<u>28</u>	<u>30</u>	12. Pumping level below land surfaces: <u>28</u> ft. after <u>1</u> hrs. pumping <u>800</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1400</u> g.p.m.
<u>sand & gravel</u>			<u>30</u>	<u>62</u>	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>1-27-76</u>
<u>clay</u>			<u>62</u>	<u>92</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade
<u>good clean sand & gravel</u>			<u>92</u>	<u>119</u>	15. Well grouted? <input checked="" type="checkbox"/> X With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
<u>clay</u>			<u>119</u>	<u>132</u>	16. Nearest source of possible contamination: <u>gasline</u> ft. <u>2-1/2</u> mi. Direction <u>north</u> Type <u>booster pump</u>
<u>sand & gravel w/clay</u>			<u>132</u>	<u>143</u>	Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>clay</u>			<u>143</u>	<u>146</u>	17. Pump: _____ Not installed Manufacturer's name <u>W.L.R.</u> Model number <u>5-12CHC</u> HP <u>60</u> Volts _____ Length of drop pipe <u>60</u> ft. capacity <u>800</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
<u>hard clay</u>			<u>146</u>	<u>150</u>	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> Signed <u>S. Kilgore</u> Date <u>6-19-79</u> Authorized representative
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			19. Remarks: (Use a second sheet if needed)		

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

Form WWC-5