

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>Ottawa</u> Sutter	Fraction <u>SW 1/4 SW 1/4 SE 1/4</u>	Section number <u>20</u>	Township number <u>T 12 S</u>	Range number <u>R 4 W</u>	E/W																																				
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>1 1/2 mi NW Culver</u>				3. Owner of well: <u>N G. Rush</u> R.R. or street: <u>Rt. 1</u> City, state, zip code: <u>Culver KS 67435</u>																																							
4. Locote with "X" in section below:		Sketch map:		6. Bore hole dia. <u>6</u> in. Completion date _____ Well depth <u>36.5</u> ft. <u>4/4/79</u>																																							
				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																																							
5. Type and color of material				8. Use: <input checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other																																							
				9. Casing: Material _____ Height <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>36.5</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>																																							
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				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>Hydrauli Drilling Co 126</u> Business name _____ License No. _____ Address <u>Salina Kans</u> Signed <u>Ol. Faust</u> Date <u>5/2/79</u> Authorized representative																																							
18. Elevation: _____ Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks:																																									

12-40-20 SUSSE

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

Form WWC-5