


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 <b>RUSH</b> <del>CLISS</del>		Fraction <b>SE 1/4 SE 1/4 SE 1/4</b>	Section number <b>16</b>	Township number <b>T 16 S R 18 E 11</b>	Range number <b>18</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>NO STREET ADDRESS</b>			3. Owner of well: <b>Norman Matal</b> R.R. or street: City, state, zip code: <b>Liebertal, Ks, 67553</b>		
4. Locate with "X" in section below: N W E SW SE S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <b>9</b> in. Completion date <b>8-28-77</b> Well depth <b>42</b> ft.
<b>Topsail</b>			<b>0</b>	<b>4</b>	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
<b>Yellow clay</b>			<b>4</b>	<b>16</b>	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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
<b>Fine sand</b>			<b>16</b>	<b>28</b>	9. Casing: Material <b>PVC</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>16</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2.8</b> lbs./ft. Dia. <b>5</b> in. to <b>42</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>258</b>
<b>Blue shale</b>			<b>28</b>	<b>42</b>	10. Screens: Manufacturer's name <b>Jet Stream</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze Length <b>10'</b> Set between <b>32</b> ft. and <b>42</b> ft. ft. and ft. Gravel pack? <b>YES</b> Size range of material <b>1/4-1/8</b>
					11. Static water level: mo./day/yr. <b>32</b> ft. below land surface Date <b>8-28-77</b>
					12. Pumping level below land surfaces: <b>35</b> ft. after <b>1</b> hrs. pumping <b>10</b> g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield g.p.m.
					13. Water sample submitted: mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date
					14. Well head completion: <input type="checkbox"/> Pitless adapter <b>16</b> inches above grade
					<input checked="" type="checkbox"/> Well grouted? <b>YES</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>12</b> ft.
					16. Nearest source of possible contamination: <b>NONE</b> ft. Direction Type 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. <b>KARST WATER WELL DRILLERS</b> Business name License No. <b>479</b> Address <b>Highway 40 Hays</b> Signed <b>Bob Rod</b> Date <b>8-28-77</b> Authorized representative		

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

Form WWC-5