

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

WATER WELL RECORD
KSA 82a-1201-1215

him

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:		County Rush	Fraction SW 1/4 SW 1/4 SW 1/4	Section number 7	Township number T 17 S R 16	Range number EW
2. Distance and direction from nearest town or city: 5-W 3-N of Otis, Ks. Street address of well location if in city:				3. Owner of well: Jerry Hopkins R.R. or street: none City, state, zip code: Bison, Kansas 67520		
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. 10 in. Completion date _____ Well depth 205 ft. 4-12-76	
					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		From	To	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		
top soil		0	3	9. Casing: Material pvc Height: Above or below _____ Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 4 1/2 in. to 205 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gauge No. 237		
clay		3	30	10. Screen: Manufacturer's name _____ CertainTeed Type pvc Dia. _____ Slot max 1/16 Length 20 Set between 180 ft. and 200 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/4 3/8		
post rock		30	40	11. Static water level: _____ mo./day/yr. 160 ft. below land surface Date 1-19-76		
shale		40	185	12. Pumping level below land surfaces: 180 ft. after 1 hrs. pumping 20 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 20 g.p.m.		
good sand rock		185	205	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 1-19-76		
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> xxx With <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: ft. 200 Direction sw Type septic Well disinfected upon completion? hth 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:	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. Rosencrantz-Bemis 134 Business name License No. Address Great Bend, Kansas 67530 Signed Sandy Kilgore 679 Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	2037					

T 17 L 16 E
R
Sec 7
SW 1/4
SW 1/4
SW 1/4

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

Form WWC-5