

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>Rush</u>	Section number: <u>30</u>	Township number: <u>T 17 S</u>	Range number: <u>R 17 E/W</u>
2. Distance and direction from nearest town or city: <u>4 mile. E. LACROSSE</u>		3. Owner of well: <u>GEORGE SEUSER</u>			
Street address of well location if in city:		(R.R.) or street: <u>LACROSSE KS.</u>			
City, state, zip code: <u>LACROSSE KS.</u>					
Locate with "X" in section below:		Sketch map:			
5. Type and color of material		6. Bore hole dia. <u>7 1/2</u> in. Completion date _____ Well depth <u>240</u> ft.			
		7. 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 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 <u>STEEL</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>2 1/2</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>240</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>320</u>			
		10. Screen: Manufacturer's name <u>JESS &amp; LOWELL</u> Type <u>T-301</u> Dia. <u>5"</u> Slot/gauze _____ Length <u>10'</u> Set between _____ ft. and _____ ft. Gravel pack? <u>NO</u> Size range of material _____			
		11. Static water level: _____ mo./day/yr. ft. below land surface Date _____			
		12. Pump installed below land surfaces: ft. after _____ hrs. pumping _____ 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 type="checkbox"/> No <input checked="" type="checkbox"/> Date _____			
		14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade			
		15. Well grouted? <u>YES</u> 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.			
		16. Nearest source of possible contamination: 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			
18. Elevation:		19. Remarks:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<u>Drilled 20' of 13 3/4" hole + set 12" surface pipe to bottom (20'). Cemented Top to bottom.</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>Dequie Water Well Drilling Inc.</u> Business name _____ License No. _____ Address <u>406 W. 24th</u> Signed <u>Bob Dequie</u> Date <u>8/30</u> Authorized representative			

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

Form WWC-5