

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>	Fraction $1/4$ <i>C 1/4000</i> $1/4$	Section number <b>11</b>	Township number T <b>18</b> S R	Range number <b>17</b> <span style="float:right;">EW</span>
2. Distance and direction from nearest town or city: <b>2 1/2 mi. of Timken, Ks.</b> Street address of well location if in city:			3. Owner of well: <b>Don Harding</b> R.R. or street: <b>Bison, Ks. 67520</b> City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>20</u> in. Completion date _____ Well depth <u>106</u> _____ <u>7-10-76</u>
Top soil			0	4	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
Brown clay			4	35	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
Gray clay			35	41	9. Casing: Material <u>steel</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" 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>106</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>7</u>
Sand and gravel			41	65	10. Screen: Manufacturer's name _____ <u>Doerrs</u> Type <u>steel</u> Dia. <u>16</u> Slot/size <u>3/16</u> Length <u>48</u> Set between <u>58</u> ft. and <u>106</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4-3/8</u>
Light yellow brown clay			65	72	11. Static water level: <u>35</u> ft. below land surface Date <u>7-12-76</u> mo./day/yr.
Sand and gravel			72	103	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
White clay			103	107	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
White clay with fire clay			107	110	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> 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. <u>400</u> Direction <u>SW</u> Type <u>gravel</u> 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. <u>Rosenkrantz-Bemis 134</u> Business name _____ License No. _____ Address <u>Great Bend, Ks.</u> Signed <u>Sandy L. Coore</u> Date <u>6-1-76</u> Authorized representative		

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

Form WWC-5