

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

WATER WELL RECORD
KSA 82a-1201-1215

Linson

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 ne 1/4 ne 1/4	Section number 12	Township number T 18 S R	Range number 18 17 EW	
2. Distance and direction from nearest town or city: 1/2-S 2-W 2-N 1-W 1-N southwest into field Street address of well location if in city: from Schaffer, Ks.			3. Owner of well: Vic Pechanec R.R. or street: none City, state, zip code: Timken, Kansas 67582				
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. 10 in. Completion date _____ Well depth 170 ft. 3-17-79		
					7. <input checked="" 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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
					9. Casing: Material PVC Height: Above or Below Threaded _____ Welded _____ Surface 18 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 1/2 in. to 170 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. 258		
					10. Screen: Manufacturer's name CertainTeed Type pvc Dia. _____ Slot 1/16 Length 30 Set between 170 ft. and 140 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/4 3/8		
					11. Static water level: _____ mo./day/yr. 56 ft. below land surface Date 3-17-79		
					12. Pumping level below land surfaces: na _____ 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 3-17-79		
					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 0 ft. to 10 ft.		
					16. Nearest source of possible contamination: ft. 300 Direction se Type house 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:		19. Remarks: No Gal 1982 <i>Tom</i>				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. Rosenbrantz-Bemis 134 Business name License No. Address Great Bend, Kansas 67530 Signed <i>Sandy Kutzner</i> Date 4-6-79 Authorized Representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley							

T 18 S R 17 18 17 EW

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

Form WWC-5