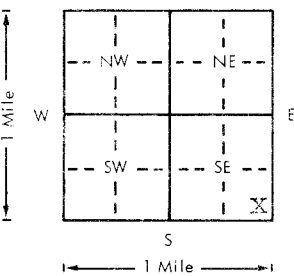


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>se 1/4 se 1/4 se 1/4</b>	Section number <b>18</b>	Township number <b>T 18</b>	Range number <b>S R 17W E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>1/2 n lw Timken, Ks.</b>			3. Owner of well: <b>Edward Pechanec</b> R.R. or street: <b>Timken Ks.</b> City, state, zip code:		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <b>8</b> in. Completion date Well depth <b>55</b> ft. <b>8-25-77</b>		
5. Type and color of material			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		
			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		
From To			9. Casing: Material _____ Height: Above grade <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>2.8</b> lbs./ft. Dia. <b>5</b> in. to <b>55</b> ft. depth Wall thickness, inches or Dia. _____ in. to _____ ft. depth gage No. <b>Sch 40</b>		
			10. Screen: Manufacturer's name <b>Jetstream</b> Type <b>pvc</b> Dia. <b>5"</b> Slot/gauze <b>1/32"</b> Length <b>15'</b> Set between <b>40</b> ft. and <b>55</b> ft. ft. and _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8-3/4"</b>		
Top soil Clay			0	22	11. Static water level: _____ mo./day/yr. <b>35</b> ft. below land surface Date <b>8-25-77</b>
Sand			22	30	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>45</b> g.p.m.
clay			30	50	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Sand-Gravel			40	55	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
					16. Nearest source of possible contamination: ft. <b>80</b> Direction <b>W</b> Type <b>live stock</b> 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 type="checkbox"/> Upland <input checked="" 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>Kelly's Waterwell Ser 186</b> Business name _____ License No. _____ Address <b>R2 Great Bend, Ks.</b> Signed <b>Kelly Davis</b> Date <b>7-20-77</b> Authorized representative		

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

Form WWC-5