

WATER WELL RECORD
KSA 82g-1201-1215

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

1. Location of well:		County Rush	Fraction 1/4 SE 1/4 NE 1/4	Section number 25	Township number T 18	Range number S R 17	E/W E/W
2. Distance and direction from nearest town or city: 2 mi east 1/4 mi south & west of Street address of well location if in city: Rush Center, KS				3. Owner of well: Dale Tammon R.R. or street: none City, state, zip code: Rush Center, KS 67575			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 2 1/2 in. Completion date Well depth 63 ft. 7-1-77			
				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 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			
Top soil		0 3		9. Casing: Material Steel Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 1 1/2 in. to 63 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 7			
Brown clay		3 17		10. Screen: Manufacturer's name Dorr Type Steel Dia <input checked="" type="checkbox"/> 1 1/2 Slot 3/16 Length 20' Set between 43 ft. and 63 ft. Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2 to 3/4			
Tough gray clay		17 29 1/2		11. Static water level: <input type="checkbox"/> mo./day/yr. 32 ft. below land surface Date 6-27-77			
Sand & gravel - clean coarse loose		29 1/2 40		12. Pumping level below land surfaces: 41 ft. after 1 hrs. pumping 1600 g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 800 g.p.m.			
Blue clay		40 42		13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 6-27-77			
Sand & gravel - clean coarse loose		42 66		14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
Hard yellow brown gray clay & rock		66 68		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.			
Sandy light gray clay & sand rock streaks		68 80		16. Nearest source of possible contamination: ft. 200 Direction north Type oil well Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
BR 66' relup A		# 9 W 9		17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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)		Remarks		18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			
19. Remarks:		2020		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, KS. 67530 Signed Samuel Kilgore 7-2-77 Authorized representative Date			

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

Form WWC-5