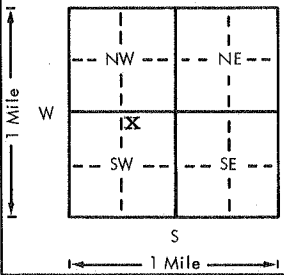


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Turbine

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

1. Location of well:	County Rush	Fraction 1/4 NE 1/4 SW 1/4	Section number 30	Township number T 18 S R 17	Range number EW
2. Distance and direction from nearest town or city: 4 mi. East of Rush Center, KS Street address of well location if in city:			3. Owner of well: Jeff Tammen R.R. or street: (?) City, state, zip code: Albert, KS 67511		
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>24</u> in. Completion date <u>8-12-76</u> Well depth <u>78</u> ft.
Top soil			0	3	7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary
Brown & gray clay			3	34	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
Sand & gravel			34	59	9. Casing: Material <u>Steel</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>30.3</u> lbs./ft. Dia. <u>16</u> in. to <u>40</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>7 ga.</u>
Sand, gravel & clay streaks			59	74	10. Screen: Manufacturer's name <u>Doerr (D) & Cook (C)</u> Type <u>Double-slot</u> Dia. <u>16"</u> Slot/gauze <u>1/8</u> Length <u>38'</u> Set between <u>(D) 40</u> ft. and <u>48</u> ft. <u>(C) 48</u> ft. and <u>78</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>3/8-200</u>
Sandstone streaks & Dakota clay			74	78	11. Static water level: <u> </u> mo./day/yr. <u>30</u> ft. below land surface Date <u>6-15-76</u>
					12. Pumping level below land surfaces: <u>N/C</u> <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.
					13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>
					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> 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. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>FMC Corp./Peerless</u> Model number <u>12MB-2</u> HP <u>40</u> Volts <u>460</u> Length of drop pipe <u>70</u> ft. capacity <u>900</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
18. Elevation:			19. Remarks: <i>BR 74' from top of well</i> <i>1985</i>		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			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. Clarke Well & Equip., Inc. 185 Business name License No. <u> </u> Address <u>Great Bend, KS 67530</u> Signed <u>D.W. Clarke</u> Date <u>8-18-76</u> Authorized representative		

T 18 S R 17 E W 30 1/4 1/4 7/4

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

Form WWC-5