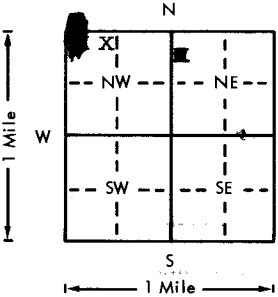


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Rush	Fraction ne 1/4 ne 1/4 ne 1/4	Section number 33	Township number T 18 S R 17 E	Range number 17 E
2. Distance and direction from nearest town or city: 1-W 1/2-S 1/4-W South side from Timken, Ks. Street address of well location if in city:				3. Owner of well: Leonard Burgardt R.R. or street: none City, state, zip code: Otis, Kansas 67565		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 8 29 in. Completion date 10-24-78 Well depth 58 ft.		
		Directions should be: 1/2-S to Hwy 96 1-W 1/2-S 1/4-W south side from Timken, Ks.		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 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		
				9. Casing: Material steel Height: Above or below 100 Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 8 18 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 16 in. to 58 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. 7		
				10. Screen: Manufacturer's name Johnson Type steel Dia. <input type="checkbox"/> Slot 3/16 Length 10 Set between 48 ft. and 58 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/4 3/8		
				11. Static water level: <input type="checkbox"/> mo./day/yr. 37 ft. below land surface Date 9-27-78		
				12. Pumping level below land surfaces: 55 ft. after 2 hrs. pumping 900 g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 300 g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 9-27-78		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 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 <input type="checkbox"/> ft. to 10 ft.		
				16. Nearest source of possible contamination: ft. 47 Direction N Type old well Well disinfected upon completion? hth Yes <input type="checkbox"/> No <input type="checkbox"/>		
				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		
				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, Kansas 67530 Signed Sandy Lilgore Date 11-22-78 Authorized Representative		
18. Elevation:		19. Remarks: 2005				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5