

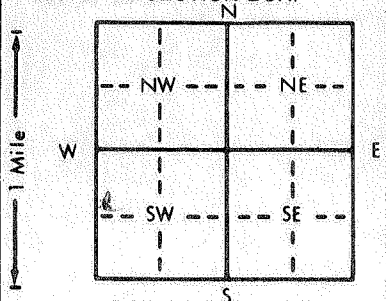
1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Rush		SW 1/4 NW 1/4 SW 1/4	24	T 18 S	R 18 EW

2. E of Rush Center, Ks.

RR#, St. Address, Box # 518 E. 6th  
City, State, ZIP Code ~~Elkton, Ns. 76320~~ La Crosse, Ks. 67548

Application Number **T88-493**

4 DEPTH OF COMPLETED WELL.....73..... ft. ELEVATION:



WELL'S STATIC WATER LEVEL . . . . 37 . . . . ft. below land surface measured on mo/day/yr . . . . .

Est. Yield . . . . . gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm

WELL WATER TO BE USED AS:      5 Public water supply      8 Air conditioning      11 Injection well

2 Irrigation      4 Industrial      7 Lawn and garden only      10 Monitoring well .....

mitted Water Well Disinfected? Yes No ☒

Water Well Disinfected? Yes No ☒

CASING JOINTS: Glued ☐ . . . . . Clamped ☐ . . . . .

9 Other (specify below)

Welded . . . . .

Threaded . . . . .

Casing height above land surface . . . 18 . . . in. weight . . . lbs./ft. Wall thickness or gauge No. . .

7 PVC

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) . . . . .
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)

**8 Saw cut**                      **11 None (open hole)**

1 Continuous slot	<del>X</del> 3 Mill slot
2 Louvered shutter	4 Key punched

6 Wire wrapped  
7 Torch cut

9 Drilled holes .....

10 Other (specify) .....

SCREEN-PERFORATED INTERVALS: From 63 ft. to 73 ft. From ft. to ft.

From ..... ft. to ..... ft. From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From . . . . . ft. to . . . . . ft. From . . . . . ft. to . . . . . ft.

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6	GROUT MATERIAL:	<input checked="" type="checkbox"/> Neat cement	<input type="checkbox"/> 2 Cement grout	<input type="checkbox"/> 3 Bentonite	<input type="checkbox"/> 4 Other
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Grout Intervals: From 0 ft. to 20 ft. From      ft. to      ft. From      ft. to      ft.

**What is the nearest source of possible contamination:**

1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	none

Direction from well?

How many feet?

[illegible]

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ~~x~~(1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10-5-88 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. 462 This Water Well Record was completed on (mo/day/yr) 12-7-88

under the business name of **Sam's Water Well**

by (signature) *Sam G. G. G. G.*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.