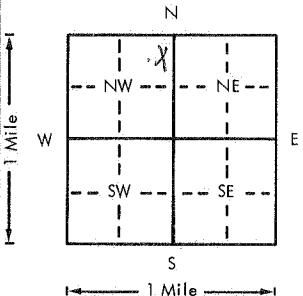


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

rush center

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

1. Location of well:		County <i>Rush</i>	Fraction <i>NE 1/4 NE 1/4 NW 1/4</i>	Section number <i>309</i>	Township number T <i>15 R</i> S	Range number R <i>18</i> E/W
2. Distance and direction from nearest town or city: <i>2 mi W, 100 ft S, 100 ft W Hwy 96</i> Street address of well location if in city: <i>West of Rush Center, KS</i>				3. Owner of well: <i>Bill Reynolds</i> R.R. or street: City, state, zip code: <i>Rush Center, KS 67575</i>		
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <i>8</i> in. Completion date <i>2-8-77</i> Well depth <i>60</i> ft.		
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 checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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 <i>pvc</i> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>18</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <i>160</i> lbs./ft. Dia. <i>4</i> in. to <i>60</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>173-258</i>		
				10. Screen: Manufacturer's name <i>Deepless MNC</i> Type <i>pvc</i> Dia. <i>4</i> Slot/gauze <i>1/16</i> Length <i>10</i> Set between <i>50</i> ft. and <i>60</i> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/4-3/8-1/2</i>		
				11. Static water level: _____ mo./day/yr. <i>32</i> ft. below land surface Date <i>2-8-77</i>		
				12. Pumping level below land surfaces: <i>40</i> ft. after <i>1</i> hrs. pumping <i>30</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>60</i> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <i>2-8-77</i>		
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <i>18</i> inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> <i>MNC</i> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>18</i> ft.		
				16. Nearest source of possible contamination: ft. <i>200</i> Direction <i>SE</i> Type <i>septic tank</i> 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:		19. Remarks: <i>2011</i>				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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. <i>Rosenshantz-Bennis 134</i> Business name _____ License No. _____ Address <i>Great Bend, KS</i> Signed <i>Fredrick Dotsen</i> Date <i>3/9/77</i> Authorized representative				

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

Form WWC-5