

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 <i>Rush</i>	Fraction <i>20 1/4 S 24 1/4 S 24 1/4</i>	Section number <i>24</i>	Township number <i>T 18</i>	Range number <i>S R 19 E/W</i>
2. Distance and direction from nearest town or city: <i>3 3/4 miles W of Rush Center, Kas.</i> Street address of well location if in city:			3. Owner of well: <i>Narathy, West</i> R.R. or street: City, state, zip code: <i>Rush Center, Kas</i>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <i>8</i> in. Completion date Well depth <i>53</i> ft. <i>4/19/76</i>	
					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 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		
<i>Top soil</i>		<i>0</i>	<i>3</i>	<input checked="" type="checkbox"/> Casing: Material <input type="checkbox"/> 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>53</i> ft. depth <input checked="" type="checkbox"/> All Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>237</i>		
<i>Clay</i>		<i>3</i>	<i>26</i>	10. Screen: Manufacturer's name <i>R+B</i> Type <i>perc.</i> Dia. <i>4</i> Slot/gauze <i>1/16</i> Length <i>18</i> Set between <i>33</i> ft. and <i>53</i> ft. ft. and <input type="checkbox"/> ft.		
<i>Sand &amp; gravel clean, coarse</i>		<i>26</i>	<i>53</i>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>3/4/20-30</i>		
<i>Shale</i>		<i>53</i>	<i>91</i>	11. Static water level: <input type="checkbox"/> mo./day/yr. <i>28</i> ft. below land surface Date <i>4/19/76</i>		
				12. Pumping level below land surfaces: <i>40</i> ft. after <i>1</i> hrs. pumping <i>40</i> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <i>100</i> g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <i>18</i> Inches above grade		
				15. Well grouted? <input type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>15</i> ft.		
				16. Nearest source of possible contamination: ft. <i>60</i> Direction <i>NW</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		
18. Elevation:		19. Remarks:		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>Lusner, Benin 134</i> Business name _____ License No. _____ Address <i>Great Bend, Kas</i> Signed <i>Tredia Radson</i> Date <i>4/24/76</i> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<i>2017</i>				

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

Form WWC-5