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

WATER WELL RECORD
KSA 82a-1201-1215

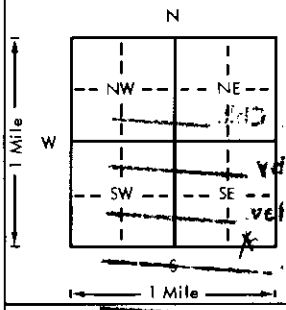
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Rush	C 1/4 SE 1/4 SE 1/4	15	T 18 S	R 20 E/W

2. Distance and direction from nearest town or city: 2 East 1 N of Alexander
Street address of well location if in city:

3. Owner of well: Don Bott
R.R. or street:
City, state, zip code: Alexandar, Kansas

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
Top Soil	0	2
Lt. Brown Clay	2	25
Blue Sandy Clay	25	28
Sand & Gravel Blue Colored	28	30
Sand & Gravel loose Cleaned	30	42
Lt. Blue Clay	42	43
Shale	43	44
BR 42' Thm		

(Use a second sheet if needed)

6. Bore hole dia. 24 in. Completion date 5-15-75
Well depth 42½ ft.

7. __ Cable tool ✓ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
✓ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material Steel Height: (Above) or below
Threaded ___ Welded ✓ Surface 18 in.
RMP ___ PVC ___ Weight ___ lbs./ft.
Dia 16 in. to 42½ ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 7

10. Screw: Manufacturer's name Doerrs
Type Steel Dia. 16
Slot/gauge 3/16 Length 10
Set between 32½ ft. and 42½ ft.
___ ft. and ___ ft.
Gravel pack? ✓ Size range of material 1/2 3/4 3/8

11. Static water level: mo./day/yr.
24 ft. below land surface Date 4-17-75

12. Pumping level below land surfaces:
26 ft. after 1 hrs. pumping 100 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 100 g.p.m.

13. Water sample submitted: mo./day/yr.
✓ Yes ___ No Date 4-29-75

14. Well head completion:
___ Pitless adapter ___ Inches above grade

15. Well grouted? ✓
With: ___ Neat cement ___ Bentonite ✓ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 14 m Direction E Type Correl
Well disinfected upon completion? HTH Yes ___ No

17. Pump: ✓ Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation:

Topography:
___ Hill
___ Slope
✓ Upland
___ Valley

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.
Rosencrantz-Bemis 134
Business name License No.
Address Great Bend, Ks.
Signed [illegible] Date 7/30/76
Authorized representative

T 18 R 20 (W) Sec 15 1/4 C 1/4 SE 1/4 SE 1/4

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

Form WWC-5

MI-1023