

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>1/4 C 1/4 NE 1/4</i>	Section number <i>20</i>	Township number <i>T 18 S</i>	Range number <i>R 20 E/W</i>
2. Distance and direction from nearest town or city: <i>1/4 mi N of Alexander, Mo.</i> Street address of well location if in city:			3. Owner of well: <i>Robert Batt</i> R.R. or street: City, state, zip code: <i>Alexander, Mo. 67513</i>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <i>2 1/2</i> in. Completion date Well depth <i>48</i> ft. <i>9-3-75</i>	
		7. <input type="checkbox"/> Cable tool <input 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 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 <i>Steel</i> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>18</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <i>1 1/2</i> in. to <i>4 1/2</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <i>7</i>	
5. Type and color of material			From	To	10. Screen: Manufacturer's name <i>Johnson</i> Type <i>Steel</i> Dia. <i>1 1/2</i> Slot/gauze <i>0.600</i> Length <i>10</i> Set between <i>38</i> ft. and <i>48</i> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>24/40</i>
<i>top soil</i>			<i>0</i>	<i>3</i>	11. Static water level: _____ mo./day/yr. <i>30</i> ft. below land surface Date <i>8-7-75</i>
<i>dark brown clay</i>			<i>3</i>	<i>6</i>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping <i>N/A</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
<i>Light + dark brown clay</i>			<i>6</i>	<i>31</i>	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <i>8-7-75</i>
<i>Sand + gravel clear coarse base shale</i>			<i>31</i>	<i>47</i>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
<i>B.R. 47 YA</i>					15. Well grouted? <input checked="" 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>10</i> ft.
					16. Nearest source of possible contamination: ft. <i>100</i> Direction <i>South</i> City <i>City</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: _____ Not installed Manufacturer's name <i>Pumpco</i> Model number <i>P2160</i> HP <i>5</i> Volts <i>230</i> Length of drop pipe <i>40</i> ft. capacity <i>100</i> g.p.m. Type: <input checked="" 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)					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>Rosenkrantz - Ben's 134</i> Business name _____ License No. _____ Address <i>Great Bend, Mo.</i> Signed <i>Sandy L. Moore</i> Date <i>6/9/79</i> Authorized representative
18. Elevation:	19. Remarks: <i>3075</i>		20. Water well contractor's certification: (continued)		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 18 R 20 E/W Sec 20

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

Form WWC-5