

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

WATER WELL RECORD  
KSA 82a-1201-1215

*Timken*

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

1. Location of well:		County <b>RUSH</b>	Fraction <b>SE 1/4 SE 1/4 NE 1/4</b>	Section number <b>21</b>	Township number T <b>19</b> S R <b>17</b> #NW	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:			
			<b>65.1 W</b> <b>TIMKEN, KS</b>			
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>220</u> ft. <u>3-8-77</u>	
					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 _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>220</u> ft. depth Wall Thickness: inches or ft. Dia. _____ in. to _____ ft. depth gage No. <u>sch. 40</u>	
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____ Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/16"</u> Length <u>30</u> Set between <u>190</u> ft. and <u>220</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-3/4"</u>	
<u>Top Soil - clay</u>			<u>0</u>	<u>110</u>	11. Static water level: _____ mo./day/yr. <u>90</u> ft. below land surface Date <u>3-8-77</u>	
<u>Sandy clay</u>			<u>110</u>	<u>120</u>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.	
<u>clay</u>			<u>120</u>	<u>180</u>	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
<u>SAND ROCK</u>			<u>180</u>	<u>220</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade	
<u>B.R @ 180'</u>					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
					16. Nearest source of possible contamination: <u>SEPTIC</u> ft. <u>70</u> Direction <u>W</u> Type _____ 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)					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. <u>186</u> <u>Kelly's Water Well Ser Inc</u> Business name _____ License No. _____ Address <u>A2 Great Bend, KS</u> Signed <u>Kelly Price</u> Date <u>6-6-77</u> Authorized representative	
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<u>2125</u>				

19 17 21 1/4 SE 1/4

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

Form WWC-5