

USE TYPEWRITER OR BALL
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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 <u>Reno</u>	Fraction <u>SW 1/4 SW 1/4 SW 1/4</u>	Section number <u>1</u>	Township number <u>T 24 S</u>	Range number <u>R 6 E</u>
2. Distance and direction from nearest town or city: <u>3681 S. Walnut</u> Street address of well location if in city: <u>South Hutchinson</u>				3. Owner of well: <u>Tucker Agency Inc.</u> R.R. or street: <u>1329 E. 4th</u> City, state, zip code: <u>Hutchinson Kan 67501</u>		
4. Locate with "X" in section below:		Sketch map:				
<div style="text-align: center;">N</div>						
5. Type and color of material		From	To	6. Bore hole dia. <u>7</u> in. Completion date <u>4-27-79</u> Well depth <u>60</u> ft.		
<u>dark brown sandy clay</u>		<u>0</u>	<u>4</u>	7. <input checked="" 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		
<u>brown sandy clay</u>		<u>4</u>	<u>16</u>	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		
<u>fine sand</u>		<u>16</u>	<u>18</u>	9. Casing: Material <u>Plas</u> Height: <u>6</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>12</u> lbs./ft. Dia. <u>6</u> in. to <u>60</u> ft. depth Wall thickness: inches or Dia. <u>1</u> in. to <u>175</u> ft. depth gage No. <u>1175</u>		
<u>brown sandy clay</u>		<u>18</u>	<u>26</u>	10. Screen: Manufacturer's name <u>JZL</u> Type <u>RMP</u> Dia. <u>6"</u> Slot/gauze <u>1/8 hole</u> Length <u>20</u> Set between <u>40</u> ft. and <u>60</u> ft. <u>YES</u> <input checked="" type="checkbox"/> Gravel pack? <input type="checkbox"/> Size range of material <u>1/8-1/2"</u>		
<u>fine sand</u>		<u>26</u>	<u>35</u>	11. Static water level: <u>27</u> ft. below land surface Date <u>4-27-79</u> mo./day/yr.		
<u>fine gravel</u>		<u>35</u>	<u>40</u>	12. Pumping level below land surfaces: <u>32</u> ft. after <u>1</u> hrs. pumping <u>15</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>30</u> g.p.m.		
<u>medium gravel</u>		<u>40</u>	<u>60</u>	13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>		
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
				15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.		
				16. Nearest source of possible contamination: <u>Septic</u> ft. <u>75</u> Direction <u>W</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <u>Not installed</u> Manufacturer's name <u>STA Rite</u> Model number <u>ser 2</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>45</u> ft. capacity <u>12</u> 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		
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. <u>Price Water Well 193</u> Business name <u>RR 3 Hutchinson</u> License No. <u> </u> Address <u> </u> Signed <u>John Davenport</u> Date <u>6/27/79</u> Authorized representative		

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

Form WWC-5