

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

WATER WELL RECORD
KSA 82a-1201-1215

ADA

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

1. Location of well:		County Gove	Fraction N/E 1/4 S/E 1/4 N/E 1/4	Section number 4	Township number T 15 S R 31 #W	Range number
2. Distance and direction from nearest town or city: 19 N, 5 E, 1 3/4 N of Scott City, Kansas Street address of well location if in city:				3. Owner of well: Thies Pyramid Ranch R.R. or street: % American State Bank City, state, zip code: Great Bend, Kansas 67530		
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>9</u> in. Completion date <u>4/6/1978</u> Well depth <u>26</u> ft.	
		<p style="text-align: center;">septic well X -----600' ----- X</p>			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	
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		
Clay		0	11	9. Casing: Material <u>Plastic</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Glue Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>1.8</u> lbs./ft. Dia. <u>5</u> in. to <u>16</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>16</u> ft. depth gage No. <u>250</u>		
Sand fine		11	17	10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/16"</u> Length <u>10'</u> Set between <u>16</u> ft. and <u>26</u> ft. ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/4x1/8"</u>		
Sand coarse		17	23	11. Static water level: _____ mo./day/yr. <u>13</u> ft. below land surface Date <u>4/6/1978</u>		
Shale		23	26	12. Pumping level below land surfaces: <u>20</u> ft. after <u>2</u> hrs. pumping <u>8</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
BROCK 23'				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				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>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: ft. <u>600</u> Direction <u>W</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <u>Red Jacket</u> Model number <u>25AA</u> HP <u>1</u> Volts <u>230</u> Length of drop pipe <u>20</u> ft. capacity <u>8</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		
				(Use a second sheet if needed)		
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. Weishaar Drilling & Sup. 232 Business name License No. _____ Address <u>Scott City, KS 67871</u> Signature <u>[Signature]</u> Date <u>4/18/78</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

T 15 S R 31 #W
Sec 4
NE SE NE
1/4 1/4 1/4

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

Form WWC-5