

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

DBB

1. Location of well:		County <b>Logan</b>	Fraction <b>NW 1/4 NW 1/4 SE 1/4</b>	Section number <b>33</b>	Township number <b>T 15 S R 35</b>	Range number <b>EW</b>
2. Distance and direction from nearest town or city: <b>15N, 2 1/2E, 1/2N</b>			3. Owner of well: <b>Conrad Kough</b>			
Street address of well location if in city: <b>of Marienthal, Kansas</b>			R.R. or street: <b>RFD #3 - Box 61</b>			
			City, state, zip code: <b>Scott City, KS 67871</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date _____		
		<p><i>X well</i></p> <p><i>3960'</i></p> <p><i>Septic</i></p>		Well depth <u>50</u> ft. <u>7-22-76</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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry		
				<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock		
				<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <u>Plas</u> Height: <u>Above</u> or below		
				Threaded <input type="checkbox"/> Welded <u>Glue</u> Surface <u>12</u> in.		
				RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.8</u> lbs./ft.		
				Dia. <u>5</u> in. to <u>30</u> ft. depth; Wall Thickness: inches or		
				Dia. _____ in. to _____ ft. depth; gage No. <u>250</u>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name _____		
Clay		0	10	<b>Jess &amp; Lowell</b>		
Sdy clay		10	29	Type <u>RMP</u> Dia. <u>5 in.</u>		
Sd med		29	31	Gauge <u>1/16</u> Length <u>20 ft.</u>		
Sdy clay		31	41	Set between <u>30</u> ft. and <u>50</u> ft.		
Sd coarse		41	42	Gravel pack? <u>yes</u> Size range of material <u>1/8</u>		
Clay		42	45	11. Static water level: _____ mo./day/yr.		
Shale		45	50	<u>20</u> ft. below land surface Date <u>7-20-76</u>		
<b>BROCK 45'</b>				12. Pumping level below land surfaces:		
				<u>30</u> ft. after <u>1</u> hrs. pumping <u>4</u> g.p.m.		
				_____ ft. after _____ hrs. pumping _____ g.p.m.		
				Estimated maximum yield <u>4</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr.		
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion:		
				<input 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>15</u> ft.		
				16. Nearest source of possible contamination:		
				ft. <u>3960</u> Direction <u>SE</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>Aermotor</u>		
				Model number _____ HP _____ Volts _____		
				Length of drop pipe <u>40</u> ft. capacity <u>4</u> g.p.m.		
				Type:		
				<input type="checkbox"/> Submersible <input type="checkbox"/> Turbine		
				<input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
				<input type="checkbox"/> Centrifugal <u>Windmill</u> <input checked="" type="checkbox"/> Other		
18. Elevation:		(Use a second sheet if needed)		20. Water well contractor's certification:		
19. Remarks:				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
Topography:				<u>Weishaar Drilling</u> <u>232</u>		
<input type="checkbox"/> Hill				Business name <u>Scott City, KS 67871</u> License No. _____		
<input type="checkbox"/> Slope				Signature <u>[Signature]</u> Date <u>8-17-76</u>		
<input type="checkbox"/> Upland				Authorized representative <u>[Signature]</u> Date <u>8-17-76</u>		
<input checked="" type="checkbox"/> Valley						

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

Form WWC-5