

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 Lane	Fraction SW 1/4 NE 1/4 SE 1/4	Section number 28	Township number T 16 S R 29 E W	Range number
2. Distance and direction from nearest town or city: 8N, 22E, 2 1/2 N, 1W,			3. Owner of well: Jasper Farms, Inc.			
Street address of well location if in city: 1/4 S, 1/4 W of Scott City, KS			R.R. or street: Shields, KS 67874			
4. Locate with "X" in section below:			Sketch map:			6. Bore hole dia. <u>26</u> in. Completion date _____ Well depth <u>142</u> ft. <u>3-10-76</u>
			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 checked="" 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			
5. Type and color of material			From	To	9. Casing: Material <u>Steel</u> Height: <u>Above</u> or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>10</u> in. RMP _____ PVC _____ Weight <u>31.67</u> lbs./ft. Dia. <u>16</u> in. to <u>142</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>188</u>	
Clay			0	19	10. Screen: Manufacturer's name _____ Johnson Type <u>Galv. Steel</u> Dia. <u>16 in.</u> Slot/gauze <u>100</u> Length <u>30 ft.</u> Set between <u>112</u> ft. and <u>142</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/2</u>	
Gyp			19	31	11. Static water level: _____ mo./day/yr. <u>103</u> ft. below land surface Date <u>1-24-76</u>	
Clay			31	38	12. Pumping level below land surfaces: <u>132</u> ft. after <u>4</u> hrs. pumping <u>260</u> g.p.m. <u>136</u> ft. after <u>4</u> hrs. pumping <u>300</u> g.p.m. Estimated maximum yield <u>300</u> g.p.m.	
Fine sd clay			38	71	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
Sd rock			71	75	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade	
Fine sd clay			75	87	<input checked="" type="checkbox"/> Well grouted? _____ With: <input checked="" type="checkbox"/> Best cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>15</u> ft.	
Sd rock			87	90	16. Nearest source of possible contamination <u>Feed Lot</u> ft. <u>1320</u> Direction <u>E</u> Type <u>XXXXXX</u>	
Fine sd clay			90	109	Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Sd good			109	120	17. Pump: _____ Not installed Manufacturer's name <u>Western Land Roller</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>135</u> ft. capacity <u>300</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
Fine sd clay			120	127	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>Weishaar Drilling</u> <u>232</u> Business name License No. Address <u>Scott City, KS 67871</u> Signed <u>[Signature]</u> Date <u>7-21-76</u> Authorized representative	
Sd good			127	140		
Yellow			140	145		
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

L 6
 29
 W
 28
 SW
 NE
 SE
 Sec
 1/4
 1/4
 1/4

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

Form WWC-5