

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

BBC

1. Location of well:		County <b>Scott</b>	Fraction <b>S/W 1/4 N/W 1/4 N/W 1/4</b>	Section number <b>1</b>	Township number <b>T 16 S R 33</b>	Range number <b>##W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>15 Miles north of Scott City, KS</b>				3. Owner of well: R.R. or street: City, state, zip code: <b>Fairleigh Ranch Inc. RFD #2 Scott City, Kansas 67871</b>		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: 		6. Bore hole dia. <u>9</u> in. Completion date <u>5/26/1978</u> Well depth <u>75</u> ft.		
5. Type and color of material		From	To	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		
				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 <u>Plastic</u> Height: Above 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>55</u> ft. depth Wall Thickness: inches or Dia. <u>  </u> in. to <u>  </u> ft. depth gage No. <u>.250</u>		
				10. Screen: Manufacturer's name <u>Jess &amp; Lowell</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/16"</u> Length <u>20'</u> Set between <u>55</u> ft. and <u>75</u> ft. <u>  </u> ft. and <u>  </u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/8" to 1/4"</u>		
				11. Static water level: <u>22</u> ft. below land surface Date <u>2/17/78</u> mo./day/yr.		
				12. Pumping level below land surfaces: <u>35</u> ft. after <u>2</u> hrs. pumping <u>10</u> g.p.m. <u>  </u> ft. after <u>  </u> hrs. pumping <u>  </u> g.p.m. Estimated maximum yield <u>10</u> g.p.m.		
				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>0</u> ft. to <u>15</u> ft.		
				16. Nearest source of possible contamination: ft. <u>500</u> Direction <u>East</u> Type <u>creek</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Gould</u> Model number <u>10EJ</u> HP <u>3/4</u> Volts <u>230</u> Length of drop pipe <u>70</u> ft. capacity <u>10</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:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks:  <u>BROCK 73</u> <u>22</u> <u>51 cent thick</u>		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. <b>Weishaar Drilling &amp; Sup. 232</b> Business name License No. Address <u>Scott City, KS 67871</u> Signed <u>[Signature]</u> Date <u>5/30/78</u> Authorized representative		

T  
16  
S  
33  
W

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

Form WWC-5