

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 <b>Scott</b>	Fraction <b>NW 1/4 SE 1/4 NE 1/4</b>	Section number <b>10</b>	Township number <b>T 16</b>	Range number <b>S R 33</b>	#W
2. Distance and direction from nearest town or city: <b>3 3/4 miles North - 2 1/2 miles west of</b>			3. Owner of well: <b>Beach Farms</b>			
Street address of well location if in city: <b>SCOTT CITY KANSAS</b>			R.R. or street: <b>1020 Russell</b>			
			City, state, zip code: <b>Scott City, Kansas 67871</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>62</u> ft. <u>4/14/79</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		
5. Type and color of material		From	To	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		
clay		0	46	9. Casing: Material <u>Plastic</u> Height: Above or below Threading <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.8</u> lbs./ft. Dia. <u>4 1/2</u> in. to <u>42</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u>		
sand		46	50	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>42</u> ft. and <u>62</u> ft. Set between _____ ft. and _____ ft.		
clay		50	54	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 x 1/8</u>		
sand		54	57	11. Static water level: _____ mo./day/yr. <u>46</u> ft. below land surface Date <u>3/13/79</u>		
yellow clay		57	60	12. Pumping level below land surfaces: <u>54</u> ft. after <u>4</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
shale		60	62	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 _____ ft. to <u>15</u> ft.		
				16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>South</u> Type <u>Feedlot</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <u>oulds</u> Model number <u>10EJ15412</u> HP <u>1 1/2</u> Volts <u>230</u> Length of drop pipe <u>60</u> ft. capacity _____ 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. <b>Weishaar Drilling &amp; supply 232</b> Business name _____ License No. _____ Address <u>Scott City, Kansas 67871</u> Signed <u>[Signature]</u> Date <u>7/79</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5

T 16 R 33 S R 33  
 Sec 10  
 NW 1/4 SE 1/4 NE 1/4