

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>SE 1/4 SE 1/4 NW 1/4</b>	Section number <b>12</b>	Township number <b>T 16</b>	Range number <b>S R 33</b>	<b>1/W</b>
2. Distance and direction from nearest town or city: <b>Fourteen north of Scott City</b> Street address of well location if in city:				3. Owner of well: <b>Beach Farms</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>40</u> ft. <u>5/18/79</u>			
				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 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	4	<input checked="" type="checkbox"/> Casing: Material <u>Plastic</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> glue Surface <u>12.8</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.8</u> lbs./ft. Dia. <u>3.5</u> in. to <u>20</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>250</u>			
sand		4	6	10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/16</u> Length <u>20'</u> Set between <u>20</u> ft. and <u>40</u> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/4" x 1/8"</u>			
fine sand		6	15	11. Static water level: _____ mo./day/yr. <u>13</u> ft. below land surface Date <u>5/4/79</u>			
sand fine to medium		15	38	12. Pumping level below land surfaces: <u>4</u> <u>15</u> ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.			
yellow clay		38	39	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____			
shale		39	40	14. Well head completion: _____ <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade			
				15. Well grouted? <input checked="" type="checkbox"/> yes 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>1600</u> Direction <u>NE</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>Windmill</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>36</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>cylinder</u> Other _____			
				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 <u>Scott City, Kansas</u> License No. _____ Address _____ Signed <u>[Signature]</u> Date <u>5/18/79</u> Authorized representative			
18. Elevation:		19. Remarks:					
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

T 16 R 33 E 12 SESENW  
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5