16 33W 13 DCC

LAKE BRIDE

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

DCC

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

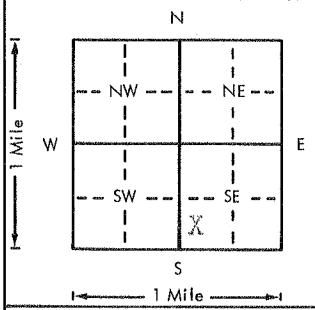
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Scott	SW 1/4 SW 1/4 SE 1/4	13	T 16 S	R 33 E (W)

2. Distance and direction from nearest town or city: 12N, ¼W of
Street address of well location if in city: Scott City, KS

3. Owner of well: Don Liles
R.R. or street:
City, state, zip code: Scott City, KS 67871

4. Locate with "X" in section below:

Sketch map:



6. Bore hole dia. 9 in. Completion date 9-18-75
Well depth 85 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material Plas. Height: Above or below
Threaded ___ Welded ___ Surface 12 in.
RMP ___ PVC ___ Weight 1.8 lbs./ft.
Dia. 5 in. to 65 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. ___

5. Type and color of material	From	To
Gyp	0	5
Sd rock H	5	10
Fine sd clay	10	19
Sd rock	19	21
Fine sd clay	21	56
Fine sd	56	71
Sd gravel	71	82
Clay yellow	82	85
BROCK 82'		
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Jess & Lowell
Type Plastic Dia. 5
Slot/gauze ___ Length ___
Set between 65 ft. and 85 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material #1

11. Static water level: mo./day/yr.
38 ft. below land surface Date 9-18-75

12. Pumping level below land surfaces: NA
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date ___

14. Well head completion: NA
___ Pitless adapter ___ Inches above grade

15. Well grouted? yes
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 15 ft.

16. Nearest source of possible contamination: None
ft. ___ Direction ___ Type ___
Well disinfected upon completion? X Yes ___ No

17. Pump: X Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation:

Topography:
___ Hill
X Slope
___ Upland
___ Valley

19. Remarks: 2540 (TOPO)

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.
Weishaar Drilling 232
Business name License No.
Address Scott City, KS 67871
Signed [signature] Authorized representative Date 10-11

16 T 33 R (W) E 13 Sec SW 1/4 SW 1/4 SE 1/4

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

Form WWC-5

MI-1023