

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

LAKE BRINE

WATER WELL RECORD  
KSA 82a-1201-1215

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

ABC

1. Location of well:		County <b>Scott</b>	Fraction <b>S/W 1/4 N/W 1/4 N/E 1/4</b>	Section number <b>26</b>	Township number <b>T 16 S R 33</b>	Range number <b>#W</b>
2. Distance and direction from nearest town or city: <b>1 1/2 N., 1 1/2 W., of Scott City, Kansas</b> Street address of well location if in city:				3. Owner of well: <b>Roberta Bridges</b> R.R. or street: <b>% Don Christy</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 <u>10/28/1978</u> Well depth <u>80</u> ft.		
		<p>1 Mile</p> <p>1 Mile</p>		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				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> Weight: Above or below Threaded <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>5</u> in. to <u>60</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>60</u> ft. and <u>80</u> ft. <u>   </u> ft. and <u>   </u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/4 X 1/8"</u>		
				11. Static water level: <u>13</u> ft. below land surface Date <u>10/23/78</u> mo./day/yr.		
				12. Pumping level below land surfaces: <u>25</u> ft. after <u>4</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. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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>4000</u> Direction <u>N/E</u> Type <u>Farmstead</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 Pump</u> Model number <u>10EJ</u> HP <u>1</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:		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; Sup. 232</b> Business name License No. <u>   </u> Address <u>Scott City, KS 67871</u> Signed <u>[Signature]</u> Date <u>11/8/78</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<u>2970 (TOPO)</u>				

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

Form WWC-5

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