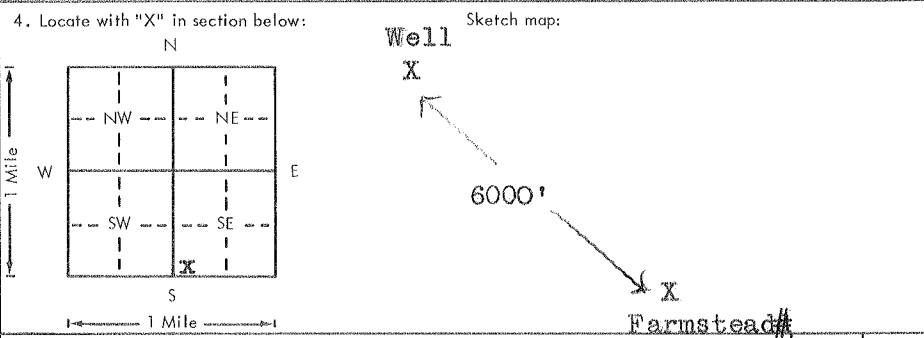


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 Scott | Fraction S/W 1/4 S/W 1/4 S/E 1/4 | Section number 11 | Township number T 16 S R 34 #W | Range number |
| 2. Distance and direction from nearest town or city: 1 1/2 N., 7 W., 1 N., 1/4 W. of Scott City, KS Street address of well location if in city: | | | | 3. Owner of well: Warren Koehn R.R. or street: rfd 3 City, state, zip code: Scott City, Kansas 67871 | | |
| 4. Locate with "X" in section below:  | | | | 6. Bore hole dia. <u>26</u> in. Completion date _____ Well depth <u>187</u> ft. <u>12-29-1978</u> | | |
| 5. Type and color of material | | | | 7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary | | |
| | | | | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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>steel</u> Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>10</u> in. RMP _____ PVC _____ Weight <u>31.67</u> lbs./ft. Dia. <u>16</u> in. to <u>157</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>188</u> | | |
| | | | | 10. Screen: Manufacturer's name _____ <u>Free Flow & Cook</u> Type <u>Steel</u> Dia. <u>16"</u> Slot/gauze <u>.125 & .100</u> length <u>30'</u> Set between <u>157</u> ft. and <u>187</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> . Size range of material <u>3/4 dwn.</u> | | |
| | | | | 11. Static water level: _____ mo./day/yr. <u>157</u> ft. below land surface Date <u>12/16/78</u> | | |
| | | | | 12. Pumping level below land surfaces: <u>168</u> ft. after <u>4</u> hrs. pumping <u>300</u> g.p.m. <u>177</u> ft. after <u>4</u> hrs. pumping <u>340</u> g.p.m. Estimated maximum yield _____ <u>340</u> g.p.m. | | |
| | | | | 13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____ | | |
| | | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter <u>10</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>10</u> ft. | | |
| | | | | 16. Nearest source of possible contamination: ft. <u>6000</u> Direction <u>S/E</u> Type <u>Farmstead</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | 17. Pump: _____ Not installed Manufacturer's name <u>Western Land Roller</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>175</u> ft. capacity <u>340</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> 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. Weishaar Drilling & Sup. 232 Business name _____ License No. _____ Address <u>Scott City, KS 67871</u> Signature _____ Date <u>11/8/78</u> Authorized representative | | |
| 18. Elevation: | | 19. Remarks: | | | | |
| 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