

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 NW 1/4 SE 1/4 SE 1/4	Section number 35	Township number T 16 S R 34	Range number E/W
2. Distance and direction from nearest town or city: 4N, 3W, 3N, 1/2W,			3. Owner of well: Robt. Koehn			
Street address of well location if in city: 2N, 3W, 1/4N of Scott City, KS			R.R. or street: RFD #3			
			City, state, zip code: Scott City, KS 67871			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>26</u> in. Completion date _____ Well depth <u>200</u> ft. <u>12-26-75</u>	
		<p style="text-align: center;"><i>X well</i> <i>↓ 1/2 mi.</i></p> <p style="text-align: center;">Septic</p>			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	
5. Type and color of material		From	To	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		
Clay		0	45	9. Casing: Material <u>Steel</u> Height: <u>Above</u> 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>200</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>188</u>		
Gyp		45	51	10. Screen: Manufacturer's name <u>Johnson</u> <u>Galv. & Prime</u> & <u>Free Flow</u> Type _____ Steel Dia. <u>16</u> in. <u>100 & 125</u> gauze Length <u>30</u> ft. Set between <u>170</u> ft. and <u>200</u> ft. _____ ft. and _____ ft.		
Sd coarse		51	61	Gravel pack? <input checked="" type="checkbox"/> <u>Yes</u> Size range of material <u>3/4-1/2</u>		
Sd rock H		61	63	11. Static water level: _____ mo./day/yr. <u>161</u> ft. below land surface Date <u>10-27-75</u>		
Fine sd clay		63	77	12. Pumping level below land surfaces: <u>189</u> ft. after <u>4</u> hrs. pumping <u>500</u> g.p.m. <u>193</u> ft. after <u>4</u> hrs. pumping <u>600</u> g.p.m. Estimated maximum yield _____ g.p.m.		
Sd rock		77	81	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Clay sdy		81	100	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade		
Med sd		100	110	<input checked="" type="checkbox"/> Well grouted? _____ 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.		
Fine sd clay		110	159	15. Nearest source of possible contamination: ft. <u>2640</u> Direction <u>S</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Fine sd		159	166	17. Pump: _____ Not installed Manufacturer's name <u>Western Land Roller</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>190</u> ft. capacity <u>600</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		
Fine sd clay		166	172			
Clay		172	180			
Fine sd clay		180	188			
Sd coarse		188	197			
Yellow		197	203			
Shale		203	205			
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. <u>Weishaar Drilling</u> <u>232</u> Business name License No. Address <u>Scott City, KS 67871</u> Signed <u>[Signature]</u> Date <u>7-20-76</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5