

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 Wichita	Fraction N/W 1/4 N/W 1/4 N/W 1/4	Section number 25	Township number T 16 S R 35 #/W	Range number
2. Distance and direction from nearest town or city: 15 W, 11 N, 1 W of Scott City, Kansas Street address of well location if in city:				3. Owner of well: Stanley Koehn R.R. or street: City, state, zip code: Scott City, Kansas 67871		
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> </div> <div> <p>Sketch map: Farmstead</p> <p style="text-align: center;">X ↑ 5200' ↓ X well</p> </div> </div>				6. Bore hole dia. <u>9</u> in. Completion date <u>8-2-1978</u> Well depth <u>186</u> ft.		
				7. <input 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		
				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>166</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>166</u> ft. depth gage No. <u>250</u>		
5. Type and color of material				10. Screen: Manufacturer's name Jess & Lowell		
clay				Type <u>RMP</u> Dia. <u>5"</u>		
sand coarse				Slot/gauze <u>1/16"</u> Length <u>20'</u>		
fine sand				Set between <u>166</u> ft. and <u>186</u> ft.		
gyp				Gravel pack? <u>yes</u> Size range of material <u>1/8"</u>		
clay				11. Static water level: <u>133</u> ft. below land surface Date <u>7/27/78</u>		
fine sand clay				12. Pumping level below land surfaces: <u>NA</u>		
sand rock				ft. after <u> </u> hrs. pumping <u> </u> g.p.m.		
fine sand clay				ft. after <u> </u> hrs. pumping <u> </u> g.p.m.		
sand coarse				Estimated maximum yield <u> </u> g.p.m.		
fine sand				13. Water sample submitted: <u> </u> mo./day/yr.		
fine sand clay				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u> </u>		
sand coarse				14. Well head completion: <u>12</u> inches above grade		
fine sand				Pitless adapter <u>12</u>		
fine sand clay				15. Well grouted? <u>yes</u>		
sand coarse				With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete		
yellow				Depth: From <u>0</u> ft. to <u>15</u> ft.		
				16. Nearest source of possible contamination: ft. <u>5200</u> Direction <u>North</u> Type <u>Farmstead</u>		
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed		
				Manufacturer's name <u> </u>		
				Model number <u> </u> HP <u> </u> Volts <u> </u>		
				Length of drop pipe <u> </u> ft. capacity <u> </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 <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. Weishaar Drilling & Sup. 232 Business name License No. <u> </u> Address <u>Scott City, KS 67871</u> Signature <u>[Signature]</u> Date <u>8/19/78</u> Authorized representative		
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