

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
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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 <b>Wichita</b>	Fraction <b>NW 1/4 NW 1/4 SE 1/4</b>	Section number <b>36</b>	Township number <b>T 16 S</b>	Range number <b>R 35 E</b>
2. Distance and direction from nearest town or city: <b>12W, 9N, 1/2W, 1/2N</b> Street address of well location if in city: <b>of Scott City, Kansas</b>				3. Owner of well: <b>Simons' Farms, Inc.</b> R.R. or street: <b>Box 113</b> City, state, zip code: <b>Marienthal, KS 67863</b>		
4. Locate with "X" in section below:  Sketch map: <b>X well</b> <b>3 1/4 mile</b> <b>Septic</b>				6. Bore hole dia. <b>26</b> in. Completion date _____ Well depth <b>198</b> ft. <b>7-30-77</b>		
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 <b>Steel</b> Height: <b>above</b> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>10</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>31.67</b> lbs./ft. Dia. <b>16</b> in. to <b>198</b> ft. depth Wall Thickness, inches or Dia. _____ in. to _____ ft. depth gage No. <b>.188</b>		
				10. Screen: Manufacturer's name _____ <b>Free Flow</b> Type <b>Prime Steel</b> Dia. <b>16 in.</b> Slot gauze <b>.125</b> Length <b>40 ft.</b> Set between <b>158</b> ft. and <b>198</b> ft. _____ ft. and _____ ft. Gravel pack? <b>yes</b> Size range of material <b>3/4-1/4</b>		
				11. Static water level: _____ mo./day/yr. <b>153</b> ft. below land surface Date <b>7-21-77</b>		
				12. Pumping level below land surfaces: <b>178</b> ft. after <b>8</b> hrs. pumping <b>400</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>400</b> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade		
				15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <b>3960</b> Direction <b>SE</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <b>Western Land Roller</b> Model number _____ HP _____ Volts _____ Length of drop pipe <b>190</b> ft. capacity <b>400</b> 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. <b>Weishaar Drilling</b> <b>232</b> Business name _____ License No. _____ Address <b>Scott City, KS 67871</b> Signed <b>[Signature]</b> Date <b>8-18-77</b> 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-3