

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

SHIELDS

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 <u>Lane</u>	Fraction <u>SE 1/4 SW 1/4 SW 1/4</u>	Section number <u>18</u>	Township number <u>T 17 S R 28 E N</u>	Range number	
2. Distance and direction from nearest town or city: <u>6N, 1/4 E of</u> Street address of well location if in city: <u>Dighton, KS</u>			3. Owner of well: <u>Fuller & Stroup</u> R.R. or street: City, state, zip code: <u>Dighton, KS 67839</u>				
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 			6. Bore hole dia. <u>9</u> in. Completion date <u>9-19-75</u> Well depth <u>100</u> ft.	
5. Type and color of material			From	To	7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hallow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
Clay			0	10	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		
Sdy clay			10	19	9. Casing: Material <u>Plas</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.8</u> lbs./ft. Dia. <u>5</u> in. to <u>80</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>80</u> ft. depth gage No. _____		
Sd rock			19	25	10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>Plastic</u> Dia. <u>5</u> Slot/gauze _____ Length _____ Set between <u>80</u> ft. and <u>100</u> ft. _____ ft. and _____ ft. Gravel pack <input checked="" type="checkbox"/> Size range of material <u>#1</u>		
Sdy clay			25	45	11. Static water level: <u>40</u> ft. below land surface Date <u>9-19-75</u> mo./day/yr.		
Sd coarse			45	52	12. Pumping level below land surfaces: <u>NA</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
Sd rock			52	57	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Sd coarse			57	67	14. Well head completion: <u>NA</u> <input type="checkbox"/> Pitless adapter _____ inches above grade		
Sd T			67	72	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.		
Sd coarse			72	87	16. Nearest source of possible contamination: <u>In</u> ft. _____ Direction _____ Type <u>Feedlot</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Sd T			87	89	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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		
Sd coarse			89	100	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>Weisharr Drilling</u> 232 Business name _____ License No. _____ Address <u>Scott City, KS 67871</u> Signed <u>[Signature]</u> Date <u>10-11-75</u> Authorized representative		
Yellow			100		18. Elevation:		
BROCK 100'					19. Remarks: <u>2745 (TOPO)</u>		
(Use a second sheet if needed)					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>Weisharr Drilling</u> 232 Business name _____ License No. _____ Address <u>Scott City, KS 67871</u> Signed <u>[Signature]</u> Date <u>10-11-75</u> Authorized representative		
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Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			19. Remarks: <u>2745 (TOPO)</u>				

L 7 2 8 W 1 8 Sec 1/4 1/4 SW

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

Form WWC-5