

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

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|---|--|---|--|---|--|
| 1. Location of well: | | County Scott | Fraction NE 1/4 SW 1/4 SE 1/4 | Section number 4 | Township number T 17 S R 31 E (W) |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: | | | 3. Owner of well: R.R. or street: City, state, zip code: | | |
| 8N, 8 3/4E, 4N of Scott City, KS | | | Western Farms Inc. Box 189 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>195</u> ft. <u>7-7-75</u> | |
| | | | | 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 | | | | 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: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>10</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>31.67</u> lbs./ft. Dia. <u>16</u> in. to <u>195</u> ft. depth Wall Thickness inches or Dia. _____ in. to _____ ft. depth gage No. <u>.188</u> | |
| | | | | 10. Screen: Manufacturer's name <u>Johnson</u> Type <u>Galv. Steel</u> Dia. <u>16 in.</u> Slot gauge <u>100</u> Length <u>30 ft.</u> Set between <u>165</u> ft. and <u>195</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>3/4-1/2</u> | |
| | | | | 11. Static water level: _____ mo./day/yr. <u>116</u> ft. below land surface Date <u>6-20-75</u> | |
| | | | | 12. Pumping level below land surfaces: <u>164</u> ft. after <u>4</u> hrs. pumping <u>950</u> g.p.m. <u>174</u> ft. after <u>4</u> hrs. pumping <u>1140</u> g.p.m. Estimated maximum yield <u>1140</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 _____ inches above grade <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. | |
| | | | | 16. Nearest source of possible contamination: ft. <u>3960</u> Direction <u>NW</u> Type <u>Septic</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>180</u> ft. capacity <u>1140</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 | |
| 18. Elevation: | | 19. Remarks: Clay yellow Shale | | 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> Authorized representative _____ Date <u>7-20-76</u> | |
| 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 WW-5

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