

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 Scott	Fraction S/W 1/4 N/W 1/4 N/W 1/4	Section number 36	Township number T 17 S	Range number R 32 #/W
2. Distance and direction from nearest town or city: 5 E, 3 3/4 E of Scott City, Kansas Street address of well location if in city: 67871				3. Owner of well: M. O. Nuss R.R. or street: Lakin At Baker City, state, zip code: Great Bend, Kansas 67530		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: X Septic 5700' X Well		6. Bore hole dia. 26 in. Completion date 11/29/1977 Well depth 178 ft.		
5. Type and color of material		From To		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 Steel Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 31.67 lbs./ft. Dia. 16 in. to 148 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 188		
				10. Screen: Manufacturer's name Free Flow Type Prime steel Dia. 16" Slot/gauge .125 Length 40" Set between 148 ft. and 178 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? yes Size range of material 3/4-1/4"		
				11. Static water level: <input type="checkbox"/> mo./day/yr. 116 ft. below land surface Date 11/28/1977		
				12. Pumping level below land surfaces: 163 ft. after 4 hrs. pumping 450 g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 450 g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
				15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 15 ft.		
				16. Nearest source of possible contamination: ft. 5700 Direction North Type Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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		
				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 <input type="checkbox"/> License No. <input type="checkbox"/> Address Scott City, Kansas 67871 Signed [Signature] Date 1/16/78 Authorized representative		
18. Elevation:		19. Remarks: BRICK 175' 116 59' ent - fluid				
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