

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<br><u>Scott</u> | Fraction<br><u>SE 1/4 NW 1/4 NW 1/4</u>        | Section number<br><u>27</u>   | Township number<br><u>T 17 S R 33 E</u> | Range number<br><u>33</u>   |
| 2. Distance and direction from nearest town or city: <u>4N, 3W, 1/2N, 1/4E,</u> |  |                        | 3. Owner of well:<br><u>Orville Gorman</u>     |   | RFD #3-Box 20                           |   |
| Street address of well location if in city: <u>1/4N of Scott City, KS</u>       |  |                        | R.R. or street:<br><u>Scott City, KS 67871</u> |   | City, state, zip code:                  |   |
| 4. Locate with "X" in section below:  |  |                        |  | Sketch map:   |   | 6. Bore hole dia. <u>26</u> in. Completion date _____   |
|   |  |                        |  | Well depth <u>204</u> ft. <u>10-2-74</u>  |   |   |
| 5. Type and color of material   |  |                        |  | From  | To                                      | 7. 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  |
| Clay  |  |                        |  | 0   | 56                                      | 8. Use: Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other |
| Sd coarse   |  |                        |  | 56  | 65                                      | 9. Casing: Material <u>Steel</u> Height <u>Above</u> or below   |
| Clay  |  |                        |  | 65  | 80                                      | Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>10</u> in.  |
| Sd coarse   |  |                        |  | 80  | 90                                      | RMP _____ PVC _____ Weight <u>31.67</u> lbs./ft.  |
| Clay  |  |                        |  | 90  | 93                                      | Dia. <u>16</u> in. to <u>204</u> ft. depth Wall Thickness: inches or  |
| Fine sd clay  |  |                        |  | 93  | 103                                     | Dia. _____ in. to _____ ft. depth gage No. <u>188</u>   |
| Sd rock H   |  |                        |  | 103   | 117                                     | 10. Screen: Manufacturer's name _____   |
| Fine sd clay  |  |                        |  | 117   | 143                                     | <u>Free Flow</u>  |
| Clay  |  |                        |  | 143   | 150                                     | Type <u>Prime Steel</u> Dia. <u>16</u> in.  |
| Fine sd clay  |  |                        |  | 150   | 165                                     | Slot/gauge <u>125</u> Length <u>40</u> ft.  |
| Fine sd   |  |                        |  | 165   | 170                                     | Set between <u>164</u> ft. and <u>204</u> ft.   |
| Fine sd clay  |  |                        |  | 170   | 193                                     | _____ ft. and _____ ft.   |
| Sd coarse   |  |                        |  | 193   | 200                                     | Gravel pack? <u>Yes</u> Size range of material <u>3/4-1/2</u>   |
| Yellow  |  |                        |  | 200   | 203                                     | 11. Static water level: _____ mo./day/yr.   |
| Shale   |  |                        |  | 203   | 205                                     | <u>125</u> ft. below land surface Date <u>8-7-74</u>  |
| (Use a second sheet if needed)  |  |                        |  |   |   | 12. Pumping level below land surfaces:  |
|   |  |                        |  |   |   | <u>164</u> ft. after <u>4</u> hrs. pumping <u>420</u> g.p.m.  |
|   |  |                        |  |   |   | <u>178</u> ft. after <u>4</u> hrs. pumping <u>510</u> g.p.m.  |
|   |  |                        |  |   |   | Estimated maximum yield <u>510</u> 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? _____   |
|   |  |                        |  |   |   | 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: <u>Feed</u>   |
|   |  |                        |  |   |   | ft. <u>2640</u> Direction <u>NW</u> Type <u>Lot</u>   |
|   |  |                        |  |   |   | Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No  |
|   |  |                        |  |   |   | 17. Pump: _____ Not installed   |
|   |  |                        |  |   |   | Manufacturer's name <u>Western Land Roller</u>  |
|   |  |                        |  |   |   | Model number _____ HP _____ Volts _____   |
|   |  |                        |  |   |   | Length of drop pipe <u>190</u> ft. capacity <u>510</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:           |  | 20. Water well contractor's certification:  |   |   |
| Topography:   |  |                        |  | This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. |   |   |
| <input type="checkbox"/> Hill   |  |                        |  | <u>Weishaar Drilling</u> <u>232</u>   |   |   |
| <input checked="" type="checkbox"/> Slope                                       |  |                        |  | Business name _____ License No. _____   |   |   |
| <input type="checkbox"/> Upland   |  |                        |  | Address <u>Scott City, KS 67871</u>   |   |   |
| <input type="checkbox"/> Valley   |  |                        |  | Signed <u>[Signature]</u> Date <u>7-18-76</u>   |   |   |
|   |  |                        |  | Authorized representative <u>7-18-76</u>  |   |   |