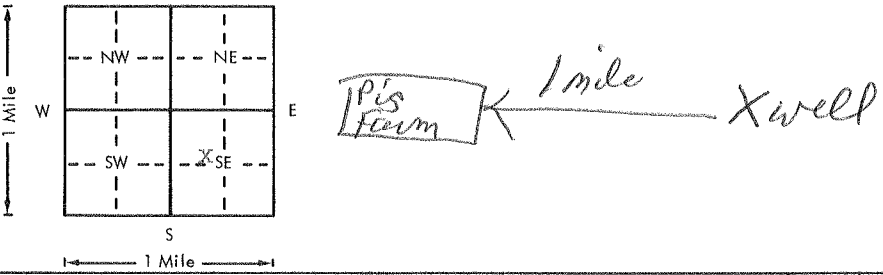


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 Scott	Fraction SE 1/4 NW 1/4 SE 1/4	Section number 15	Township number T 17 S R 34	Range number EW		
2. Distance and direction from nearest town or city: 5N, 3/4E, 1/4N of Street address of well location if in city: Modoc, Kansas			3. Owner of well: Ervin Nightengale R.R. or street: RFD #3 - Box 70 City, state, zip code: Scott City, KS 67871					
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 _____ Well depth <u>137</u> ft. <u>5-10-76</u>		
5. Type and color of material			7. <input type="checkbox"/> Cable tool <input checked="" 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 type="checkbox"/> Reverse rotary					
			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other					
From			9. Casing: Material <u>Plas</u> Height: <u>Above</u> or below Threading <u>Welded</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.8</u> lbs./ft. Dia. <u>5</u> in. to <u>117</u> ft. depth; Wall thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>250</u>					
			10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>5 in.</u> <input checked="" type="checkbox"/> gauze <u>1/16</u> Length <u>20 ft.</u> Set between <u>117</u> ft. and <u>137</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8</u>					
Clay			11. Static water level: _____ mo./day/yr. <u>70</u> ft. below land surface Date <u>5-7-76</u>					
Gyp			12. Pumping level below land surfaces: <u>80</u> ft. after <u>1</u> hrs. pumping <u>4</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.					
Clay			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____					
Sd coarse			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ <u>12</u> Inches above grade					
Sdy clay			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 rock			16. Nearest source of possible contamination: <u>Pig</u> ft. <u>5280</u> Direction <u>W</u> Type <u>Farm</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Sdy clay T			17. Pump: _____ Not installed Manufacturer's name <u>Aermotor</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>85</u> ft. capacity <u>4</u> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <u>Windmill</u> <input checked="" type="checkbox"/> Other					
Fine sd clay			(Use a second sheet if needed)					
Med sd Good								
Fine sd clay			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> Signed _____ Date <u>6-4-76</u> Authorized representative					
Sd coarse			18. Elevation:					
Clay yellow			19. Remarks:					
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley								

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

Form WWC-5