

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 <b>Scott</b>	Fraction <b>SE 1/4 SE 1/4 NW 1/4</b>	Section number <b>21</b>	Township number <b>T 17 S R 34 E 17</b>	Range number <b>34</b>
2. Distance and direction from nearest town or city: <b>8W, 1N, 1W,</b> Street address of well location if in city: <b>4 1/2 N, 1 1/2 W of Scott City, KS</b>			3. Owner of well: <b>Bernarr Nelson</b> R.R. or street: <b>RFD #3</b> City, state, zip code: <b>Scott City, KS 67871</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>115</u> ft. <u>3-5-76</u>		
				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		
5. Type and color of material		From	To	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		
				9. Casing: Material <u>Plas</u> Height: <u>above</u> or below Threaded <input type="checkbox"/> Welded <u>Glue</u> 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>95</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u>		
				10. Screen: Manufacturer's name _____ <u>Jess &amp; 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>95</u> ft. and <u>115</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/8</u>		
				11. Static water level: _____ mo./day/yr. <u>44</u> ft. below land surface Date <u>2-27-76</u>		
				12. Pumping level below land surfaces: <u>54</u> ft. after <u>1</u> hrs. pumping <u>4</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>4</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 <u>12</u> Inches above grade		
				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.		
				16. Nearest source of possible contamination: <u>Feed Lot</u> ft. <u>2640</u> Direction <u>NW</u> Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <u>Aermotor</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>112</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		
		(Use a second sheet if needed)				
18. Elevation:		19. Remarks:		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 <u>[Signature]</u> Date <u>3-12-76</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 17 S 34 E R 34 E  
 Sec 21  
 1/4 1/4 1/4 1/4

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

Form WWC-5