

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

PRICE SW?

1. Location of well:	County Wichita	Fraction N/E 1/4 N/E 1/4 N/E 1/4	Section number 11	Township number T 17 S R 35	Range number #W
2. Distance and direction from nearest town or city: 12 W., 6 N., 1 W., 2 N. of Scott City, KS Street address of well location if in city:			3. Owner of well: Simons Farms Inc. R.R. or street: Box 113 City, state, zip code: Marienthal, Kansas 67863		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: X well 250' X septic		
5. Type and color of material			From	To	
clay			0	20	6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>182</u> ft. <u>3-7-1979</u>
GYP			20	31	7. <input checked="" 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
clay			31	38	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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
GYP			38	65	9. Casing: Material <u>Plastic</u> Height: Above or below Threaded _____ Welded <u>glue</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight <u>1.8</u> lbs./ft. Dia. <u>5</u> in. to <u>162</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.250</u>
clay			65	73	10. Screens: Manufacturer's name _____ <u>Jess & Lowell</u>
fine sand clay			73	88	Type _____ RMP _____ Dia. <u>5"</u> Slot/gauze <u>1/16"</u> Length <u>20'</u> Set between <u>162</u> ft. and <u>182</u> ft. _____ ft. and _____ ft.
sand rock			88	91	Gravel pack? <u>yes</u> Size range of material <u>1/4 X 1/8"</u>
fine sand			91	100	11. Static water level: _____ mo./day/yr. <u>118</u> ft. below land surface Date <u>3/1/1979</u>
sand rock			100	103	12. Pumping level below land surfaces: <u>138</u> ft. after <u>4</u> hrs. pumping <u>28</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>28</u> g.p.m.
fine sand good			103	151	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
fine sand clay			151	165	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> Inches above grade
sand coarse			165	182	15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>15</u> ft.
yellow			(182)		16. Nearest source of possible contamination: ft. <u>250</u> Direction <u>S/S</u> Type <u>septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(Use a second sheet if needed)					17. Pump: _____ Not installed Manufacturer's name <u>Red Jacket</u> Model number <u>11DC</u> HP <u>3</u> Volts <u>230</u> Length of drop pipe <u>175</u> ft. capacity <u>28</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other _____
18. Elevation: Topography: ____ Hill <input checked="" type="checkbox"/> Slope ____ Upland ____ Valley	19. Remarks: <u>TOPO 3177</u>		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 & Supp. 232 Business name _____ License No. _____ Address <u>Scott City, KS 67871</u> Signed <u>[Signature]</u> Date <u>3/14/79</u> Authorized representative		

T 17 S R 35 W 11 NE NE NE

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

Form WWC-5