

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 Wichita	Fraction N/E 1/4 N/W 1/4 S/W 1/4	Section number 12	Township number T 17 S R	Range number 35 #W
2. Distance and direction from nearest town or city: 13 W, 7 1/2 N of Scott City, Kansas 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:		Sketch map:			6. Bore hole dia. <u>26</u> in. Completion date _____ Well depth <u>197</u> ft. <u>3/9/1978</u>	
					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	
5. Type and color of material		From	To	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 <u>steel</u> Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>10</u> in. RMP _____ PVC _____ Weight <u>31.67</u> lbs./ft. Dia. <u>16</u> in. to <u>157</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>188</u>		
Clay		0	26	10. Screen: Manufacturer's name _____ <u>Cook & Free Flow</u> Type <u>galv</u> Dia. <u>16"</u> Slot/gauze <u>100</u> Length <u>40'</u> Set between <u>157</u> ft. and <u>197</u> ft. Gravel pack? <u>yes</u> Size range of material <u>3/4 down</u>		
Gyp		26	80	11. Static water level: _____ mo./day/yr. <u>123</u> ft. below land surface Date <u>9-9-77</u>		
Fine sand clay		80	98	12. Pumping level below land surfaces: <u>162</u> ft. after <u>4</u> hrs. pumping <u>1150</u> g.p.m. <u>165</u> ft. after <u>4</u> hrs. pumping <u>1450</u> g.p.m. Estimated maximum yield _____ <u>1450</u> g.p.m.		
Sand rock		98	102	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Fine sand clay		102	110	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>10</u> Inches above grade		
Sand rock		110	115	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.		
Fine sand clay		115	119	16. Nearest source of possible contamination: ft. <u>5000</u> Direction <u>S/W</u> Type <u>Farmstead</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Sand rock		119	123	17. Pump: _____ Not installed Manufacturer's name <u>Western Land Roller</u> Model number <u>GE</u> HP <u>75</u> Volts <u>460</u> Length of drop pipe <u>185</u> ft. capacity <u>1450</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		
				(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. Weishaar Drilling & Sup. <u>232</u> Business name _____ License No. _____ Address <u>Scott Bluff, KS 67871</u> Signature _____ Date <u>4/18/78</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 12
R 35
W 12
Sec 12
1/4 1/4 1/4
WENUSD

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

Form WWC-5