

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 NE 1/4 NE 1/4 NE 1/4	Section number 15	Township number T 17 S	Range number R 35 E (W)
2. Distance and direction from nearest town or city: 12W, 6N, 2W, 1N Street address of well location if in city: of Scott City, Kansas			3. Owner of well: Marion Barnhart R.R. or street: 1404 Elizabeth City, state, zip code: Scott City, KS 67871			
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: <i>X well</i> <i>150'</i> <i>Septic</i>			6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>120</u> ft. <u>4-18-77</u>			
5. Type and color of material			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			
			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			
From To			9. Casing: Material <u>Plas.</u> Height: <u>Above</u> 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>100</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> <u>60</u> gauze <u>1/16</u> Length <u>20 ft.</u> Set between <u>100</u> ft. and <u>120</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> <u>yes</u> Size range of material: <u>1/4-1/8</u>			
Clay			11. Static water level: _____ mo./day/yr. <u>46</u> ft. below land surface Date <u>4-12-77</u>			
Fine sd			12. Pumping level below land surfaces: <u>56</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> g.p.m.			
Sd coarse			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
Gyp rock			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade			
Clay			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.			
Gyp			16. Nearest source of possible contamination: ft. <u>150</u> Direction <u>South</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No			
Clay			17. Pump: _____ Not installed Manufacturer's name <u>Red Jacket</u> Model number <u>50NO</u> HP <u>1/2</u> Volts <u>110</u> Length of drop pipe <u>110</u> ft. capacity <u>10</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other			
Fine sd			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>4-21-77</u> Authorized representative			
Fine sd clay			18. Elevation: _____ 19. Remarks: _____ Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			
Fine sd			19. Remarks: _____			
Fine sd clay			19. Remarks: _____			
Sd coarse			19. Remarks: _____			
Yellow			19. Remarks: _____			
(Use a second sheet if needed)			19. Remarks: _____			

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

Form WWC-5