

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
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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<br><b>Ness</b> | Fraction<br><b>NE 1/4 NE 1/4 NW 1/4</b> | Section number<br><b>36</b>   | Township number<br><b>T 18 S</b> | Range number<br><b>R 24 E</b> |
| 2. Distance and direction from nearest town or city: <b>1/2 W, 400'S</b>   |  |                       |   | 3. Owner of well: <b>City of Ness City</b>  |                                  |                               |
| Street address of well location if in city: <b>of Ness City, KS</b>  |  |                       |   | R.R. or street:<br>City, state, zip code: <b>Ness City, KS 67560</b>  |                                  |                               |
| 4. Locate with "X" in section below:<br><div style="display: flex; align-items: center;"><div style="margin-right: 10px;">N<br/>W<br/>E<br/>S<br/>1 Mile</div><div style="border: 1px solid black; padding: 5px; text-align: center;">X<br/>NW NE<br/>SW SE</div><div style="margin-left: 10px;">Sketch map:<br/><b>X well 500' → Septic</b></div></div> |  |                       |   | 6. Bore hole dia. <b>24</b> in. Completion date <b>12-28-75</b><br>Well depth <b>54</b> ft.   |                                  |                               |
| 5. Type and color of material<br><b>#21 Well</b>   |  |                       |   | 7. Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input checked="" type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary  |                                  |                               |
|  |  |                       |   | 8. Use: Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other   |                                  |                               |
| Clay   |  |                       |   | 9. Casing: Material <b>Steel</b> Height <b>Above</b> or below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>30</b> in.<br>RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>41.51</b> lbs./ft.<br>Dia. <b>12</b> in. to <b>54</b> ft. depth Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>312</b>             |                                  |                               |
|  |  |                       |   | 10. Screen: Manufacturer's name<br><b>Stainless Steel Cook</b><br>Type <b>100</b> Dia. <b>12</b> in.<br><b>44</b> gauge <b>100</b> Length <b>10</b> ft.<br>Set between <b>44</b> ft. and <b>54</b> ft.<br>ft. and <b>1/2-1</b> ft.<br>Gravel pack? <b>yes</b> Size range of material <b>2-4</b>   |                                  |                               |
| Sand   |  |                       |   | 11. Static water level:<br><b>36</b> ft. below land surface Date <b>12-28-74</b> mo./day/yr.  |                                  |                               |
|  |  |                       |   | 12. Pumping level below land surfaces:<br><b>42</b> ft. after <b>8</b> hrs. pumping <b>100</b> g.p.m.<br>ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br>Estimated maximum yield <b>100</b> g.p.m.   |                                  |                               |
| Shale  |  |                       |   | 13. Water sample submitted: mo./day/yr.<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date   |                                  |                               |
|  |  |                       |   | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <b>30</b> inches above grade  |                                  |                               |
|  |  |                       |   | 15. Well grouted? <b>yes</b><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>20</b> ft.   |                                  |                               |
|  |  |                       |   | 16. Nearest source of possible contamination:<br>ft. <b>500</b> Direction <b>E</b> Type <b>Septic</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |                               |
|  |  |                       |   | 17. Pump: Not installed<br>Manufacturer's name <b>Western Land Roller</b><br>Model number <b>US</b> HP <b>7 1/2</b> Volts <b>230</b><br>Length of drop pipe <b>45</b> ft. capacity <b>100</b> g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                                  |                               |
|  |  |                       |   |   |                                  |                               |
| (Use a second sheet if needed)   |  |                       |   |   |                                  |                               |
| 18. Elevation:   |  | 19. Remarks:          |   | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report<br>is true to the best of my knowledge and belief.<br><b>Weishaar Drilling</b> <b>232</b><br>Business name <b>Scott City, KS 67871</b> License No.<br>Address <b>7-19-76</b> Date<br>Signature <b>Authorized representative</b>   |                                  |                               |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley  |  |                       |   |   |                                  |                               |

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

Form WWC-5