

USE TYPEWRITER OR BALL POINT, PEN-PRESS FIRMLY, PRINT CLEARLY.

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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 <b>Lane</b>	Fraction <b>SE 1/4 NE 1/4 NE 1/4</b>	Section number <b>4</b>	Township number <b>T 18 S R 30</b>	Range number <b>30</b>
2. Distance and direction from nearest town or city: <b>14E, 3N, 1E, 1/4S</b>				3. Owner of well: <b>Sharp Farms</b>		
Street address of well location if in city: <b>of Scott City, Kansas</b>				R.R. or street: City, state, zip code: <b>Healy, KS 67850</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>26</u> in. Completion date _____ Well depth <u>132</u> ft. <u>6-29-77</u>		
				7. Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> <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				8. Use: Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <u>Steel</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>10</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>31.67</u> lbs./ft. Dia. <u>16</u> in. to <u>132</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>188</u>		
				10. Screen: Manufacturer's name <u>Johnson</u> Type <u>Galv. Steel</u> Dia. <u>16 in.</u> Slot/gauze <u>100</u> Length <u>30 ft.</u> Set between <u>102</u> ft. and <u>132</u> ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>3/4-1/4</u>		
				11. Static water level: _____ ma./day/yr. <u>80</u> ft. below land surface Date <u>6-2-77</u>		
				12. Pumping level below land surfaces: <u>101</u> ft. after <u>4</u> hrs. pumping <u>610</u> g.p.m. <u>111</u> ft. after <u>4</u> hrs. pumping <u>730</u> g.p.m. Estimated maximum yield _____ g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ 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>10</u> ft.		
				16. Nearest source of possible contamination: ft. <u>5280</u> Direction <u>West</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <u>Western Land Roller</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>120</u> ft. capacity <u>730</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		
18. Elevation:		19. Remarks: <b>Shale</b>		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. <b>Weishaar Drilling</b> 232 Business name License No. _____ Address <u>Scott City, KS 67871</u> Authorized representative <u>[Signature]</u> Date <u>7-12-77</u>		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<b>BROCK 129'</b> <b>3890 (70')</b>				

T 18 R 30 S 4 SE NE NE

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

Form WWC-5