

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 Scott	Fraction SW 1/4 SW 1/4 SW 1/4	Section number 11	Township number T 18 S R 31	Range number 31
2. Distance and direction from nearest town or city: 10E, 1N of			3. Owner of well: Mrs. Elsie Weisenberger			
Street address of well location if in city: Scott City, Kansas			R.R. or street: Box # 488			
			City, state, zip code: Scott City, KS 677 67871			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date _____		
		<p style="text-align: center;">X WELL ↓ 150' SEPTIC</p>		Well depth <u>152</u> ft. <u>5-4-77</u>		
5. Type and color of material		From	To	7. <input 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		0	32	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		32	47	9. Casing: Material <u>Plas</u> , Height: <u>Above</u> or below Threading <u>Welded</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.8</u> lbs./ft. Dia <u>5</u> in. to <u>132</u> depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>.250</u>		
Fine sd		47	57	10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>5in.</u> Slot gauge <u>1/16</u> Length <u>20</u> ft. Set between <u>132</u> ft. and <u>152</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8</u>		
Sd rock		57	62	11. Static water level: _____ mo./day/yr. <u>80</u> ft. below land surface Date <u>4-11-77</u>		
Fine sd		62	70	12. Pumping level below land surfaces: <u>90</u> ft. after <u>1</u> hrs. pumping <u>18</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>18</u> g.p.m.		
Sd rock		70	72	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Fine sd clay		72	83	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
Sd coarse		83	95	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 sd		95	108	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 <input type="checkbox"/> No		
Fine sd clay		108	115	17. Pump: _____ Not installed Manufacturer's name <u>Red Jacket</u> Model number <u>150N1</u> HP <u>1 1/2</u> Volts <u>220</u> Length of drop pipe <u>147</u> ft. capacity <u>18</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other		
Sd rock		115	119	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 <u>232</u> Business name License No. Address <u>Scott City, KS 67871</u> Signature _____ Date _____ Authorized representative <u>6-7-87</u>		
Fine sd clay		119	137			
Med sd		137	143			
Sd coarse		143	148			
Yellow		148	152			
Shale (Use a second sheet if needed)		152				
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 18 R 31 S 11 Sec 11 1/4 1/4 1/4 SWSWSW

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

Form WWC-5