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

	County	nty Fraction						number	Township number Range number				umber.	
1. Location of well:	Scott	SW 1/4SE 1/4 SE			SE	1/4	14		T	18	S	R	31	EØ
2. Distance and direction from nearest town or city:  Street address of well location if in city:  In Grigston						3. Owner of well: R.R. or street:			Fred Farmer Rte 1 Scott City, Kansas 67871					
4. Locate with "X" i	Ĺ	Sketch n J Ho Olo No	٠	ell	>				6. Bore ho Well d	epth 110 ble tool X	3/4. L ft. Rotary	Complete	on date	
w sw	SE borm-corral	. Ne	w ou	ell 	<u>ー</u> 〉				8. Use: X	Domestic Irrigation	Pu Ai Oi	blic supply r condition l field wat	/ Ir ning S her C	ndustry tock Other
-	<b>X</b> *	<b>.</b>			·	,			Threaded_ RMPi	Welde PVC . n. to 1110	ft. dep	Lisurface LiWeight hiWall Th	10	in. lbs./ft. nches or
5. Type and color of	material						From	То		n. to n: Manufact			Scl	740
		Clay					٥	20	Туре	Jess Sch 40	e го	_ Dia	5 xx	
	Gpy rock	, sa	nd &	Gra	vel	Rock	20	100		108		_ Length _ .ft , and _	138	ft.
	Sand & C	lay	Stre	aks			100	120	Gravel pa	ick? Yes	ft.a Size ra		erial_3/	16ft.
	Yellow C	lay	& 88	nd s	tre	aks	120	140	4	water level _ft. below l		face Date		o./day/yr. = <b>77</b>
								-	110	ng level bel ft. after ft. after maximum yie	<u> </u>	rs. pumpir	-	g.p.m. g.p.m.
· · · · · · · · · · · · · · · · · · ·									Yes	sample subn	√o	Oate	mo	o./day/yr.
					•				15. Well (	ess adapter grouted? <u>Y</u> Neat ceme	nt		te <u>X</u>	1
			•						16. Necre	m 9 est source of O Directi fected upon	possible on W	contamin	ation:	myard —No(
				:					17. Pump: Manufacti Model nur	vrer's name ,		X No	rinstalled	olts
									Length of Type:			_ ft. cope		_g.p.m. (
	(Use a second s	heet if n	needed)						Je			-	Recipi	ocating
18. Elevation:  Topography:  HIII Stope	19. Remarks:					Ί	ligh ]	Plair	This well	r well control was drilled to the best of m ling & arme	under my ny know : S11]	/ jurisdicti ledge and pply.	ion and thi belief.	136B ≤

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

Form WWC-5