

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

SCOTT CITY

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

DCC

1. Location of well:		County Scott	Fraction SW 1/4 SW 1/4 SE 1/4	Section number 18	Township number T 18 S R 32	Range number E W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:			
4. Locate with "X" in section below:			Sketch map:			
			<p>6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>205</u> ft. <u>11-25-75</u></p> <p>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</p> <p>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</p> <p>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>185</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>250</u></p>			
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____ <u>Jess &amp; Lowell</u> Type <u>RMP</u> Dia. <u>5 in.</u> <u>Cl</u> /gauze <u>1/16</u> Length <u>20 ft.</u> Set between <u>185</u> ft. and <u>205</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/2-1/8</u>	
Clay				70	11. Static water level: _____ mo./day/yr. <u>90</u> ft. below land surface Date <u>11-25-75</u>	
Clay sdy			70	100	12. Pumping level below land surfaces: <u>100</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 med			100	110	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Clay sdy			110	120	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade	
Gyp			120	135	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.	
Clay			135	137	16. Nearest source of possible contamination: ft. <u>12</u> Direction <u>W</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gyp			137	146	17. Pump: _____ Not installed Manufacturer's name <u>Red Jacket</u> Model number <u>50N1</u> HP <u>1/2</u> Volts <u>220</u> Length of drop pipe <u>140</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	
Clay			146	152	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> _____ 232 Business name _____ <u>Scott City, KS 67871</u> license No. _____ Address _____ Signed _____ Date <u>12-5-75</u> Authorized representative _____	
Med sd			152	160		
Clay			160	163		
Fine sd clay			163	170		
Sd coarse			170	187		
Fine sd clay			187	193		
Sd rock			193	194		
Sd coarse			194	204		
Yellow (Use a second sheet if needed)			204	205		
18. Elevation:		19. Remarks: <u>BROOK 204'</u> <u>2967 (TOPC)</u>				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5