

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 <b>Scott</b>	Fraction <b>NW 1/4 SW 1/4 NE 1/4</b>	Section number <b>19</b>	Township number <b>T 18 S R 32 E 11</b>	Range number <b>32</b>
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:			
<b>806 Jefferson</b> <b>Scott City, Kansas</b>			<b>Oatis Roark</b> <b>806 Jefferson</b> <b>Scott City, KS 67871</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>195</u> ft. <u>7-15-76</u>		
				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		
5. Type and color of material		From	To	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		
Clay		0	47	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>175</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>250</u>		
Sd med		47	50	10. Screen: Manufacturer's name <u>Jess &amp; Lowell</u> Type <u>RMP</u> Dia. <u>5 in.</u> <u>16</u> gauze <u>1/16</u> Length <u>20</u> ft. Set between <u>175</u> ft. and <u>195</u> ft. _____ ft. and _____ Gravel pack? <u>Yes</u> Size range of material <u>1/4-1/8</u>		
Clay		50	58	11. Static water level: _____ mo./day/yr. <u>93</u> ft. below land surface Date <u>7-12-76</u>		
Sdy clay		58	60	12. Pumping level below land surfaces: <u>103</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.		
Clay		60	76	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Sdy clay		76	81	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
Clay		81	85	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.		
Sdy clay		85	92	16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>W</u> Type <u>Sewer Line</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Fine sd clay		92	100	17. Pump: _____ Not installed Manufacturer's name <u>Red Jacket</u> Model number <u>50NO</u> HP <u>3/4</u> Volts <u>110</u> Length of drop pipe <u>168</u> ft. capacity <u>10</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
Sd fine		100	104	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>Weisharr Drilling</u> <u>232</u> Business name License No. Address <u>Scott City, KS 67871</u> Signature _____ Authorized representative <u>8-19-76</u>		
Clay		104	108			
Fine sd		108	114			
Clay sdy		114	121			
Gyp		121	138			
Fine sd clay T		138	186			
Sd rock	(Use a second sheet if needed)	186	199			
18. Elevation:	19. Remarks:	199	210			
	<u>Yellow Shale</u>	210				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5

T 18 R 32 E 11  
Sec 19  
AUBSWNE  
1/4 1/4 1/4