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

## SCOTT CITY

WATER WELL RECORD
KSA 820-1201-1215
RSB

## / 8 3 2 ω / 9 8 8 B T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health (Water Well Contractors) Forbes–Bldg. 740 Topeka, Kansas 66620

									-
1 Location of well:	SCOLL	Township name	Fraction NW-NW-		on number	· }	Town number	Range number 32 W	
Distance and direction from nearest town or city:  3 Owner of well: Paul Beckley									
Street address of well location if in city: 605 College Address: SCOtt City K5. 67871									
Locate with "X" in s		Sketch map:					I depth: 198 ft.	Date of completion 6-1	3-75
X	1 1 1					5 🔲	Cable tool Rotary	Driven Dug Bored Reverse rotary	
						6 Use: Domestic Public supply Industry			,
W  ''E							☐ Irrigation ☐ Air o	conditioning Commercial	,
- 1 1						7 Casing: Material ABS Height: (bove below Threaded Welded Surface 22 in.			
	S Mile	•				Dia	gn	Weight lbs./ft Drive sho? YesNo	,
2	Тур	e and color of material	,	From	То		_ in. to ft. depth		-
soil	with sor	ne cla	u		20	1	nufacturer UCS	3 4 Lowell	
soil, some clay + sand					40	های	111	Length 20 ft.	
Sino.	sand in	with son		20 1 40	50			Size range of material	down
sand	and	clau		50	80	l 9 Stat	tic water level.	ce Date <u>5-4</u> -76	*
Clau	with	some s	sand	80		10 P.um	ping level below land su	rfaces:	1
sand and clay with soft rock					1-26		ft. after hrs	g.p.m.	
som a	m clau	With N	and roca	K. 100	140		mated maximum yield ter sample submitted:	9.p.m.	-
sand	and	1005e	arquel	140	148	12 Wel	II been better		
hard	same	tone.	1	148	158	<b>X</b>	Pitlom adapter Mait		
sand	with	some c	Jau	158	164	□ ⊅X	1 grouted? Yes  Neat cement Benton  th: From ft. to		
saml	Clar	1		164	178	14 Nec	arest source of possible o	enterination Oite	- 06-
		)				ft d	Direction	etion? Yes No	A Punc
	BRO	CK 176'				15 Pum Mai	nufacturer's name	Not installed	
						Mod Len	del number & SIOYIA gth of drop pipe #100	HPVolts 23 Ift. capacity 15 g.m.p.	'O' ≱*
						1×2		☐ Turbine	~
	(use	a secand sheet if needed)				=	Jet Certrifugal	Reciprocating Other	
16 Remarks: elevat	ion	00 /200	<u> </u>			l	er well contractor's certi		
Topography:	(9'	15 YUR	<b>)</b>			1	ort is true to the best of m	ny knowledge and belief.	
□нш						l .	ness name	License No.	71
Slope Upland						Sign	ned Authorized repres	montome 1	75

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5