

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 NE 1/4 SW 1/4 SW 1/4	Section number 31	Township number T 18 S R 32 E W
2. Distance and direction from nearest town or city: 3S, 1/4 E, 1/4 N of			3. Owner of well: Beach Farms		
Street address of well location if in city: Scott City, KS			R.R. or street: Box 7		
			City, state, zip code: Scott City, KS67871		
4. Locate with "X" in section below:		Sketch map:			
		<p>6. Bore hole dia. <u>26</u> in. Completion date _____ Well depth <u>163</u> ft. <u>6-20-75</u></p> <p>7. Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary</p> <p>8. Use: Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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>Steel</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>10</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>31.67</u> lbs./ft. Dia. <u>16</u> in. to <u>163</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>188</u></p>			
5. Type and color of material		From	To	10. Screen: Manufacturer's name _____ <u>Free Flow</u>	
Clay		0	25	Type <u>Prime Steel</u> Dia. <u>16 in.</u>	
Sd med		25	28	Slow gauze <u>.125</u> Length <u>50 ft.</u>	
Clay		28	58	Set between <u>113</u> ft. and <u>163</u> ft.	
Sd med		58	69	Gravel pack? <u>yes</u> Size range of material <u>3/4-1</u>	
Clay		69	92	11. Static water level: _____ mo./day/yr. <u>43</u> ft. below land surface Date <u>4-9-75</u>	
Fine sd clay		92	102	12. Pumping level below land surfaces: <u>105</u> ft. after <u>4</u> hrs. pumping <u>510</u> g.p.m. <u>112</u> ft. after <u>4</u> hrs. pumping <u>650</u> g.p.m. Estimated maximum yield <u>650</u>	
Clay		102	105	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
Sd coarse		105	112	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade	
Clay		112	120	<input checked="" type="checkbox"/> Well grouted? _____ With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
Sd coarse		120	129	16. Nearest source of possible contamination: ft. <u>1320</u> Direction <u>NE</u> Type <u>Septic</u>	
Clay		129	132	Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Fine sd clay T		132	140	17. Pump: _____ Not installed Manufacturer's name <u>Western Land Roller</u>	
Fine sd clay		140	149	Model number _____ HP _____ Volts _____ Length of drop pipe <u>150</u> ft. capacity <u>650</u> g.p.m.	
Gyp		149	160	Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
Clay		160	169		
Yellow (Use a second sheet if needed)		169	185		
18. Elevation:	19. Remarks: Shale		185	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> <u>232</u> Business name _____ License No. _____ Address <u>Scott City, KS 67871</u> Signature _____ Date _____ Authorized representative <u>7-19-76</u>	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

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

Form WWC-5