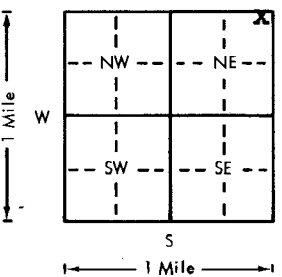
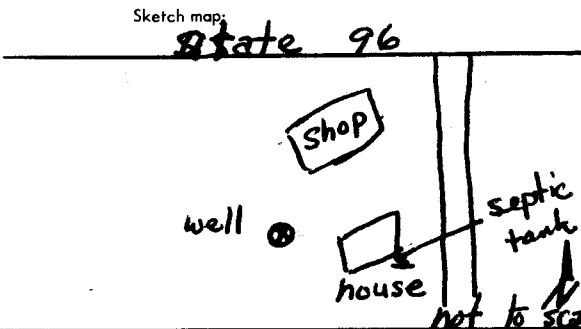


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 NE 1/4 NE 1/4	Section number 21	Township number T 18 S R	Range number 33 W			
2. Distance and direction from nearest town or city: 3 miles west of center of Scott City; south side of highway			3. Owner of well: Clarence Young R.R. or street: City, state, zip code: Scott City, KS 67871					
4. Locate with "X" in section below: 			Sketch map: State 96 			6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>121</u> ft. <u>4-30-79</u>		
5. Type and color of material			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					
			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					
Soil & dirt			9. Casing: Material _____ Height: Above or below _____ Threaded _____ Welded _____ Surface <u>4 ft</u> <input checked="" type="checkbox"/> RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>101</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>0.650</u>					
Gyp			10. Screen: Manufacturer's name <u>Peerless Plastics, Inc.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>0.040"</u> Length <u>20 ft</u> Set between <u>101</u> ft. and <u>121</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> <u>yes</u> Size range of material <u>1/8" down</u>					
Clay			11. Static water level: _____ mo./day/yr. <u>95</u> ft. below land surface Date <u>2-15-79</u>					
Gyp, hard			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>15 gpm</u> _____ g.p.m.					
Sand, fine to medium			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____					
Shale, blue			14. Well head completion: <u>metal unit</u> <input checked="" type="checkbox"/> Pitless adapter <u>12</u> Inches above grade					
			15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>5</u> ft. to <u>15</u> ft.					
			16. Nearest source of possible contamination: ft. <u>120</u> Direction <u>SE</u> Type <u>sep tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
			17. Pump: _____ Not installed Manufacturer's name <u>Aermotor</u> Model number <u>SD12-75</u> HP <u>3/4</u> Volts <u>230</u> Length of drop pipe _____ ft. capacity <u>12</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					
			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>ABC Drilling, Inc.</u> <u>246</u> Business name License No. Address <u>Scott City, KS 67871</u> Signed <u>Clyde Row</u> Date <u>5/2/79</u> Authorized representative					
18. Elevation:								
19. Remarks:								
Topography: <input type="checkbox"/> Hill <input checked="" 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

18
33 W
21 NE NE NE
1/4 1/4 1/4