

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

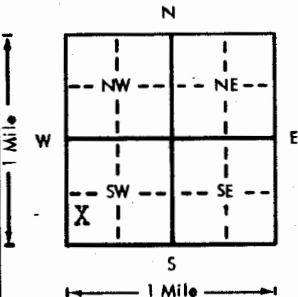
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WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well:	County Scott	Fraction NW 1/4 SW 1/4 SW 1/4	Section number 17	Township number T 18 S R 34 E (W)	Range number
2. Distance and direction from nearest town or city: 1/2 S, 1 1/2 W of Street address of well location if in city: Modoc, KS			3. Owner of well: Robert Jeffries R.R. or street: City, state, zip code: Modoc, KS 67866		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <u>9</u> in. Completion date <u>9-23-75</u> Well depth <u>120</u> ft.		
5. Type and color of material			7. <input 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		
From To			9. Casing: Material <u>Plas</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.8</u> lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u> </u>		
			10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>Plastic</u> Dia. <u>5</u> Slot/gauze <u> </u> Length <u> </u> Set between <u>100</u> ft. and <u>120</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>#1</u>		
Clay			11. Static water level: <u>87</u> ft. below land surface Date <u>9-23-75</u> mo./day/yr.		
Sd coarse			12. Pumping level below land surfaces: <u>87</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>10</u> g.p.m.		
Clay			13. Water sample submitted: <u> </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u>		
Sd med			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u> </u> inches above grade		
Yellow			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.		
Shale			16. Nearest source of possible contamination: ft. <u>400</u> Direction <u>NW</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(Use a second sheet if needed)			17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Red Jacket</u> Model number <u>100Na</u> HP <u>1</u> Volts <u>230</u> Length of drop pipe <u>115</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		
			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. Weishaar Drilling <u>232</u> Business name License No. Address <u>Scott City, KS 67871</u> Signed <u>[Signature]</u> Authorized representative <u>10-11-75</u>		
18. Elevation:		19. Remarks: <u>3143 (TOPO)</u>			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 18 S 34 W 17 E

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

Form WWC-5