

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	Section NW 1/4 NW 1/4 SW 1/4	Section number 18	Township number T 18 S R 34	Range number 34
2. Distance and direction from nearest town or city: 12 west, 1/2 north from center of Scott City			3. Owner of well: Robert Robbins		
Street address of well location if in city:			R.R. or street: Rt 1, Box 4		
			City, state, zip code: Modoc, KS 67866		
<p>4. Locate with "X" in section below:</p> <div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> </div> <div style="flex: 2;"> <p>Sketch map:</p> <p>Well Corral barn house tree row </p> <p>County-line Rd. </p> <p>RR </p> </div> </div>					
5. Type and color of material					
					6. Bore hole dia. 12 in. Completion date 3-12-79
					Well depth 150 ft.
					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 checked="" type="checkbox"/> Stock
					<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
					9. Casing: Material _____ Height: Above or below
					Threaded _____ Welded _____ Surface 4 ft <input checked="" type="checkbox"/>
					RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.
					Dia. 6 in. to 130 ft. depth, Wall Thickness _____ inches or
					Dia. _____ in. to _____ ft. depth, gage No. 0.316
					10. Screen: Manufacturer's name Peerless Plastics
					Type PVC Dia. 6"
					Slot/gauze 0.060 Length 20
					<input checked="" type="checkbox"/> Set between 130 ft. and 150 ft.
					ft. and _____ ft.
					Gravel pack? <input checked="" type="checkbox"/> yes Size range of material 1/8 down
					11. Static water level: _____ mo./day/yr.
					96 ft. below land surface Date 3-12-79
					12. Pumping level below land surfaces:
					_____ ft. after _____ hrs. pumping _____ g.p.m.
					_____ ft. after _____ hrs. pumping _____ g.p.m.
					Estimated maximum yield 20 g.p.m.
					13. Water sample submitted: _____ mo./day/yr.
					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
					14. Well head completion:
					<input checked="" type="checkbox"/> Pitless adapter 12 inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> yes
					With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____
					Depth: From 5 ft. to 15 ft.
					<input checked="" type="checkbox"/> Nearest source of possible contamination:
					ft. 110 Direction NE Type Corral
					Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: _____ Not installed
					Manufacturer's name Aermotor
					Model number SD-12 ; HP 1 Volts 230
					Length of drop pipe _____ ft. capacity 15 g.p.m.
					Type:
					<input checked="" type="checkbox"/> Submersible _____ Turbine
					<input type="checkbox"/> Jet _____ Reciprocating
					<input type="checkbox"/> Centrifugal _____ Other
(Use a second sheet if needed)					
18. Elevation:		19. Remarks:			
Topography:					
<input type="checkbox"/> Hill					
<input type="checkbox"/> Slope					
<input checked="" type="checkbox"/> Upland					
<input type="checkbox"/> Valley					
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.					
ABC Drilling, Inc 246					
Business name License No.					
Address Scott City, KS 67871					
Signed Sylvia H. Ross Date 4-11-79					
Authorized representative					

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

Form WWC-5