

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

*Ness City, Mo*

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 <b>NESS</b>	Fraction <b>NW 1/4 NW 1/4 NW 1/4</b>	Section number <b>18</b>	Township number <b>T 19 S R 22</b>	Ronge number <b>E/W</b>
2. Distance and direction from nearest town or city: <b>1 mi. east from Ness City Kansas,</b>			Owner of well: <b>Alan Knotts</b> R.R. or street: <b>Route 1</b> City, state, zip code: <b>Ness City, Kansas 67560</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date <b>7/16/79</b> Well depth <b>57</b> ft.		
		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		
				9. Casing: Material _____ Height: Above or <b>5000</b> Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia <b>5</b> in. to <b>37</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>200 plus</b>		
5. Type and color of material				From	To	10. Screen: Manufacturer's name _____ <b>Jet Stream</b>
<b>tan clay</b>				<b>0</b>	<b>32</b>	Type <b>PVC</b> Dia. <b>5"</b>
<b>good clean sand</b>				<b>32</b>	<b>54</b>	Slot/gauze <b>1/16</b> Length <b>20'</b>
<b>black shale</b>				<b>54</b>	<b>60</b>	Set between <b>37</b> ft. and <b>57</b> ft. _____ ft. and _____ ft. Grovel pack? <b>yes</b> Size range of material <b># 1</b>
<i>BRock 54 / 26 / 18</i>				11. Static water level: _____ mo./day/yr. <b>36</b> ft. below land surface Date <b>7/15/79</b>		
				12. Pumping level below land surfaces: <b>42</b> ft. after <b>4</b> hrs. pumping <b>40</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>50-60</b> g.p.m.		
<i>Alluvium</i>				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade		
				15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>4</b> ft. to <b>15</b> ft.		
				16. Nearest source of possible contamination: ft. <b>325</b> Direction <b>east</b> Type <b>corral</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(Use a second sheet if needed)				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input 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. <b>Dean Waterhouse Drilling 243</b> Business name _____ License No. _____ Address <b>Hamston, Kansas</b> Signed <i>Dean Waterhouse</i> Date _____ Authorized representative <i>DW</i>		
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks:  <b>2172</b>  <b>211</b>					

T 19  
 R 22  
 S 18  
 Sec 18 NW 1/4 NW 1/4

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

Form WWC-5