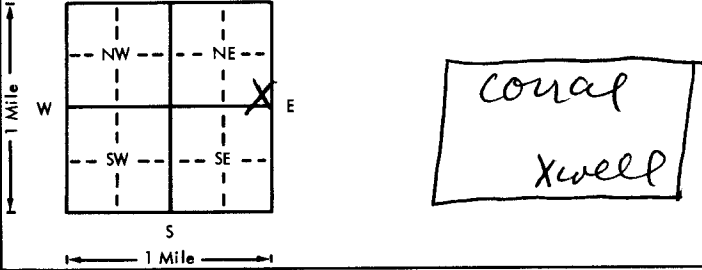


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Scott</u>	Fraction <u>SE 1/4 SE 1/4 NE 1/4</u>	Section number <u>21</u>	Township number <u>T 19 S R 33</u>	Range number <u>E/W</u>	
2. Distance and direction from nearest town or city: <u>6S, 3W, 1/2S, of</u> Street address of well location if in city: <u>Scott City, Kansas</u>			3. Owner of well: <u>Walter Jones Jr.</u> R.R. or street: <u>RFD #2</u> City, state, zip code: <u>Scott City, KS 67871</u>				
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: 		6. Bore hole dia. <u>9</u> in. Completion date <u>10-11-76</u> Well depth <u>125</u> ft.			
5. Type and color of material		From	To	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			
Clay sdy		0	35	8. Use: <input 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			
Fine sd clay		35	47	9. Casing: Material <u>Plas.</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>Glue</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.8</u> lbs./ft. Dia. <u>5</u> in. to <u>105</u> ft. depth; Wall Thickness: inches or Dia. <u>   </u> in. to <u>   </u> ft. depth; gage No. <u>250</u>			
Sd coarse		47	56	10. Screen: Manufacturer's name <u>Jess &amp; Lowell</u> Type <u>RMP</u> Dia. <u>5</u> in. <input checked="" type="checkbox"/> Sloy gauze <u>1/16</u> Length <u>20</u> ft. Set between <u>105</u> ft. and <u>125</u> ft. <u>   </u> ft. and <u>   </u> ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/4-1/8</u>			
Clay		56	81	11. Static water level: <u>105</u> ft. below land surface Date <u>10-8-76</u> mo./day/yr.			
Sd coarse		81	97	12. Pumping level below land surfaces: <u>115</u> ft. after <u>1</u> hrs. pumping <u>4</u> g.p.m. <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. Estimated maximum yield <u>4</u> g.p.m.			
Clay		97	100	13. Water sample submitted: <u>   </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u>   </u>			
Fine sd clay		100	105	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade			
Sd fine to med		105	120	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.			
Clay yellow		120	143	16. Nearest source of possible contamination: <u>   </u> In ft. <u>   </u> Direction <u>   </u> Type <u>Corral</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Shale		143	145	17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Aermotor</u> Model number <u>   </u> HP <u>   </u> Volts <u>   </u> Length of drop pipe <u>120</u> ft. capacity <u>4</u> 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 checked="" type="checkbox"/> Windmill <input checked="" type="checkbox"/> Other			
(Use a second sheet if needed)				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 <u>[Signature]</u> Date <u>11-3-76</u> Authorized representative			
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:						

T 19 S R 33 E/W Sec 21 SE 1/4 SE 1/4

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

Form WW-C-5