

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 S/W 1/4 S/W 1/4 S/E 1/4 | Section number 25 | Township number T 19 S R 33 #W | Range number |
| 2. Distance and direction from nearest town or city: In Shallow Water, Kansas Street address of well location if in city: | | | 3. Owner of well: Kendall Thomas R.R. or street: RR 2 City, state, zip code: SCOTT CITY, KANSAS 67871 | | | |
| 4. Locate with "X" in section below: | | Sketch map: | | 6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>175</u> ft. <u>6-13-1978</u> | | |
| | | | | 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 | | |
| 5. Type and color of material | | From | To | 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 <u>Plastic</u> Height: Above or below Threaded _____ Welded <u>glue</u> surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight <u>1.8</u> lbs./ft. Dia. <u>5</u> in. to <u>155</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.250</u> | | |
| | | | | 10. Screen: Manufacturer's name Jess & Lowell Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/16"</u> Length <u>20'</u> Set between <u>155</u> ft. and <u>175</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/8"</u> | | |
| | | | | 11. Static water level: _____ mo./day/yr. <u>91</u> ft. below land surface Date <u>6-12-78</u> | | |
| | | | | 12. Pumping level below land surfaces: <u>106</u> ft. after <u>2</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> g.p.m. | | |
| | | | | 13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | | |
| | | | | 14. Well head completion: <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>0</u> ft. to <u>15</u> ft. | | |
| | | | | 16. Nearest source of possible contamination: ft. <u>70</u> Direction <u>N</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | 17. Pump: _____ Not installed Manufacturer's name <u>Gould</u> Model number _____ HP <u>250</u> Volts _____ Length of drop pipe <u>170</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 | | |
| | | (Use a second sheet if needed) | | | | |
| 18. Elevation: | | 19. Remarks: | | 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 & Sup. 232 Business name _____ License No. _____ Address <u>Scott City, KS 67871</u> Signature <u>[Signature]</u> Date <u>6-14-78</u> Authorized Representative | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | | |

T 19 R 33 E Sec 25 SW 33 SE

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

Form WWC-5