

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 SW 1/4 SW 1/4 SW 1/4	Section number 28	Township number T 19 S R	Range number 34 E W
2. Distance and direction from nearest town or city: 9W, 8S, 1W of Street address of well location if in city: Scott City, KS			3. Owner of well: Hattendorf Bros. R.R. or street: Box 339 City, state, zip code: Scott City, KS 67871			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth: <u>150</u> ft. <u>7-2-86</u> <u>75</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		
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Low n <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material		From	To	9. Casing: Material <u>Plas</u> Height: <u>Above</u> 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>150</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u>		
Clay		0	15	10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>5in.</u> <input checked="" type="checkbox"/> gauze <u>1/16</u> Length <u>40 ft.</u> Set between <u>110</u> ft. and <u>150</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/2-1/8</u>		
Gyp		15	24	11. Static water level: _____ mo./day/yr. <u>106</u> ft. below land surface Date <u>6-30-75</u>		
Fine sd clay		24	30	12. Pumping level below land surfaces: <u>139</u> ft. after <u>1</u> hrs. pumping <u>70</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>70</u> g.p.m.		
Sd coarse		30	39	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
Sd rock		39	45	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade <input checked="" type="checkbox"/> Well grouted? _____ With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
Fine sd clay		45	52	16. Nearest source of possible contamination: ft. <u>4000</u> Direction <u>NE</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Sd coarse		52	90	17. Pump: _____ Not installed Manufacturer's name <u>Goulds</u> Model number <u>UTX 50434</u> HP <u>5</u> Volts <u>440</u> Length of drop pipe <u>144</u> ft. capacity <u>70</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other		
Sd rock		90	92	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> State _____ Date _____ Authorized representative <u>[Signature]</u> <u>7-22-76</u>		
Sd coarse		92	130			
Fine sd		130	140	18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		
Sd rock		140	142			
Fine sd clay		142	148	19. Remarks: (Use a second sheet if needed)		
Clay yellow		148	150			
Shale		150				

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

Form WWC-5