

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 NE 1/4	Section number 28	Township number T 19 S R 34 E	Range number 34
2. Distance and direction from nearest town or city: 9W, 7 1/2 S, 1/2 W, 1/8 N			3. Owner of well: Hattendorf Bros.			
Street address of well location if in city: of Scott City, KS			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>140</u> ft. 8-1-75		
				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 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"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <u>Plas.</u> Height: <u>Above</u> or below		
				Threaded _____ Welded <u>Clus</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>140</u> ft. depth; Wall Thickness: _____ inches or		
				Dia. _____ in. to _____ ft. depth; gage No. <u>.250</u>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>Jess & Lowell</u>		
Clay		0	19	Type <u>RMP</u> Dia. <u>5 in.</u>		
Gyp		19	37	Slot/gauze <u>1/16</u> Length <u>40</u> ft.		
Sdy clay T		37	45	Set between <u>100</u> ft. and <u>140</u> ft.		
Fine sd clay T		45	62	_____ ft. and _____ ft.		
Sd coarse		62	98	Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/2-1/8</u>		
Sd rock		98	99	11. Static water level: _____ mo./day/yr.		
Sd coarse		99	101	<u>110</u> ft. below land surface Date <u>7-25-75</u>		
Fine sd clay		101	105	12. Pumping level below land surfaces:		
Sd coarse		105	128	<u>131</u> ft. after <u>1</u> hrs. pumping <u>70</u> g.p.m.		
Clay yellow		128	137	_____ ft. after _____ hrs. pumping _____ g.p.m.		
Shale		137	140	Estimated maximum yield <u>70</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 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.		
				16. Nearest source of possible contamination:		
				ft. <u>1320</u> Direction <u>SW</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>Goulds</u>		
				Model number <u>UTX 50434</u> HP <u>5</u> Volts <u>440</u>		
				Length of drop pipe <u>136</u> ft. capacity <u>70</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		
18. Elevation:	19. Remarks:		20. Water well contractor's certification:			
Topography:			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
<input type="checkbox"/> Hill			<u>Weishaar Drilling</u> <u>232</u>			
<input type="checkbox"/> Slope			Business name _____ License No. _____			
<input checked="" type="checkbox"/> Upland			Address <u>Scott City, KS 67871</u>			
<input type="checkbox"/> Valley			Signed _____ Date <u>7-22-76</u>			
			Authorized representative _____			

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

Form WWC-5