

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 <b>Scott</b>	Fraction <b>SE 1/4 SE 1/4 SW 1/4</b>	Section number <b>28</b>	Township number T <b>19</b> S <b>R</b>	Range number <b>34</b> E <b>W</b>
2. Distance and direction from nearest town or city: <b>9W, 8S, 1/2W of</b>			3. Owner of well: <b>Hattendorf Bros.</b>			
Street address of well location if in city: <b>Scott City, KS</b>			R.R. or street: <b>Box 339</b>			
			City, state, zip code: <b>Scott City, KS 67871</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date _____		
				Well depth <u>155</u> ft. <u>7-2-75</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		
5. Type and color of material		From	To	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		
Clay		0	19	9. Casing: Material <u>Plas.</u> Height: <u>above</u> or below		
Gyp		19	31	Threaded _____ Welded <u>Glue</u> Surface <u>12</u> in.		
Fine sd clay		31	41	RMP <input checked="" type="checkbox"/> PVC _____ Weight <u>1.8</u> lbs./ft.		
Sd coarse		41	45	Dia. <u>5</u> in. to <u>155</u> ft. depth Wall Thickness _____ inches or		
Sd rock		45	52	Dia. _____ in. to _____ ft. depth gage No. <u>250</u>		
Fine sd clay		52	63	10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b>		
Sd coarse		63	133	Type <u>RMP</u> Dia. <u>5 in.</u>		
Fine sd clay		133	137	Slot gauze <u>1/16</u> Length <u>40 ft.</u>		
Sd coarse		137	144	Set between <u>115</u> ft. and <u>155</u> ft.		
Fine sd clay		144	151	_____ ft. and _____ ft.		
Yellow		151	153	Gravel pack? <u>yes</u> Size range of material <u>1/2-1/8</u>		
Shale		153	155	11. Static water level: _____ mo./day/yr.		
				<u>115</u> ft. below land surface Date <u>6-27-75</u>		
				12. Pumping level below land surfaces:		
				<u>145</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.		
				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>2</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination:		
				ft. <u>3300</u> Direction <u>NE</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>UTX50434</u> HP <u>5</u> Volts <u>440</u>		
				Length of drop pipe <u>149</u> ft. capacity <u>20</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				<b>Weishaar Drilling</b> <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				Signature <u>[Signature]</u> Date <u>7-24-76</u>		
				Authorized representative <u>[Signature]</u> <u>7-24-76</u>		

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

Form WWC-5