

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 NW 1/4 NE 1/4 SW 1/4	Section number 28	Township number T 19 S R 34	Range number EW
2. Distance and direction from nearest town or city: 9W, 7 1/2 S, 3/4 W of			3. Owner of well: Hattendorf Bros.		
Street address of well location if in city: 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:			
		<p style="font-size: 2em; font-family: cursive;">X well 3/4 mi. → Septic</p>			
6. Bore hole dia. <u>9</u> in. Completion date _____		Well depth <u>150</u> ft. <u>8-1-75</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"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
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. <u>150</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		
Clay		0	40		
Fine sd clay		40	60		
Sd coarse		60	99		
Clay		99	102		
Sd coarse		102	132		
Fine sd loose		132	138		
Sdy clay "fine"		138	144		
Clay yellow		144	150		
Shale		150			
(Use a second sheet if needed)					
10. Screen: Manufacturer's name <u>Jess & Lowell</u>					
Type <u>RMP</u> Dia. <u>5 in.</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>					
11. Static water level: _____ mo./day/yr.					
<u>112</u> ft. below land surface Date <u>7-29-75</u>					
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.					
13. Water sample submitted: _____ mo./day/yr.					
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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>3960</u> Direction <u>E</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>WTX 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 <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			Signature <u>[Signature]</u> Date <u>7-22-76</u>		
		Authorized representative		Date <u>7-22-76</u>	

T 19 34 W 28 Sec 28 1/4 1/4 1/4

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

Form WWC-5