

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 NW 1/4 NW 1/4	Section number 33	Township number T 19 S R 34 E	Range number 34
2. Distance and direction from nearest town or city: 9W, 8S, 1W, Street address of well location if in city: 1/8S of 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>145</u> ft. <u>8-29-75</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	20	9. Casing: Material <u>Plas.</u> Height: <u>above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> 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>145</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u>		
Gyp		20	23	10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>5 in.</u> Slot/gauze <u>1/16</u> Length <u>40 ft.</u> Set between <u>105</u> ft. and <u>145</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/2-1/8</u>		
Sd coarse		23	31	11. Static water level: _____ mo./day/yr. <u>111</u> ft. below land surface Date <u>8-21-75</u>		
Fine sd		31	38	12. Pumping level below land surfaces: <u>134</u> ft. after <u>1</u> hrs. pumping <u>70</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
Sd rock		38	45	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Fine sd clay		45	51	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>12</u> ft.		
Sd coarse		51	90	16. Nearest source of possible contamination: ft. <u>5000</u> Direction <u>NE</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Sdy clay		90	94	17. Pump: Not installed Manufacturer's name <u>Gouids</u> Model number <u>UTX 50434</u> HP <u>5</u> Volts <u>440</u> Length of drop pipe <u>139</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		
Sd coarse		94	128	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 <u>Scott City, KS 67871</u> No. _____ Address _____ Signature <u>[Signature]</u> Date <u>7-22-76</u> Authorized representative _____		
Clay sdy		128	140			
Clay yellow		140	145			
Shale		145				
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5