

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

*buks 11*

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment  
Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

*CCC*

|  |  |   |   |  |  |                           |
|--|--|---|---|--|--|---------------------------|
| 1. Location of well:   |  | County<br><b>NESS</b>                   | Fraction<br><b>SW 1/4 SW 1/4 SW 1/4</b>   | Section number<br><b>31</b>  | Township number<br><b>T 20 S R 24 E/W</b>  | Range number<br><b>24</b> |
| 2. Distance and direction from nearest town or city:<br><b>7 Miles west<br/>13 miles south from Ness City, Kansas</b><br>Street address of well location if in city: |  |   | 3. Owner of well: <b>J. D. NUSS</b><br>R.R. or street: <b>JETMORE, KANSAS 67854</b><br>City, state, zip code: |  |  |                           |
| 4. Locate with "X" in section below:<br>N<br>W<br>E<br>S<br>1 Mile   |  | Sketch map:                             |   |  | 6. Bore hole dia. <u>8</u> in. Completion date <u>12/22/79</u><br>Well depth <u>40</u> ft.   |                           |
|  |  |   |   |  | 7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><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<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other |                           |
| 5. Type and color of material  |  | From                                    | To  | 9. Casing: Material _____ Height: Above or _____<br>Threaded _____ Welded _____ Surface <u>24</u> in.<br>RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.<br>Dia. <u>5</u> in. to <u>20</u> ft. depth Wall Thickness: _____ inches or<br>Dia. _____ in. to _____ ft. depth gage No. <u>200 Plus</u>   |  |                           |
| <b>brown clay</b>  |  | <b>0</b>                                | <b>2</b>  | 10. Screen: Manufacturer's name _____<br><b>JET STREAM</b><br>Type <u>PVC</u> Dia. <u>5"</u><br>Slot/gauze <u>1/16</u> Length <u>20'</u><br>Set between <u>20</u> ft. and <u>40</u> ft.<br>_____ ft. and _____ ft.<br>Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>#1</u>  |  |                           |
| <b>yellow clay</b>   |  | <b>2</b>                                | <b>26</b>   | 11. Static water level: _____ mo./day/yr.<br><u>11</u> ft. below land surface Date <u>12/14/79</u>   |  |                           |
| <b>limestone rock</b>  |  | <b>26</b>                               | <b>27</b>   | 12. Pumping level below land surfaces:<br><u>Belied 5 gpm</u><br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <u>8-10</u> g.p.m.  |  |                           |
| <b>yellow clay (sticky)</b>  |  | <b>27</b>                               | <b>36</b>   | 13. Water sample submitted: _____ mo./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____  |  |                           |
| <b>black shale</b>   |  | <b>36</b>                               | <b>40</b>   | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter _____ <u>24</u> inches above grade   |  |                           |
|  |  |   |   | 15. Well grouted? <input checked="" type="checkbox"/> <u>yes</u><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <u>81</u> ft. to <u>10</u> ft.   |  |                           |
|  |  |   |   | 16. Nearest source of possible contamination: _____ draw<br>ft. <u>30</u> Direction <u>east</u> Type <u>bottom</u><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |                           |
|  |  |   |   | 17. Pump: _____ Not installed<br>Manufacturer's name <u>Clayton Mark</u><br>Model number _____ HP _____ Volts _____<br>Length of drop pipe <u>36</u> ft. capacity _____ g.p.m.<br>Type: <u>2"x10" well cylinder</u><br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |  |                           |
| 18. Elevation:   |  | 19. Remarks:                            |   | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Dean Waterhouse Drilling 245</b><br>Business name _____ License No. _____<br>Address <u>Hanston, Kansas</u><br>Signed <u>Dean Waterhouse</u> Date <u>1/1/80</u><br>Authorized representative   |  |                           |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley      |  | <b>2338</b><br><u>27</u><br><b>2311</b> |   |  |  |                           |

20  
24  
31  
36  
40  
45  
50  
55  
60  
65  
70  
75  
80  
85  
90  
95  
100  
105  
110  
115  
120  
125  
130  
135  
140  
145  
150  
155  
160  
165  
170  
175  
180  
185  
190  
195  
200  
205  
210  
215  
220  
225  
230  
235  
240  
245  
250  
255  
260  
265  
270  
275  
280  
285  
290  
295  
300  
305  
310  
315  
320  
325  
330  
335  
340  
345  
350  
355  
360  
365  
370  
375  
380  
385  
390  
395  
400  
405  
410  
415  
420  
425  
430  
435  
440  
445  
450  
455  
460  
465  
470  
475  
480  
485  
490  
495  
500  
505  
510  
515  
520  
525  
530  
535  
540  
545  
550  
555  
560  
565  
570  
575  
580  
585  
590  
595  
600  
605  
610  
615  
620  
625  
630  
635  
640  
645  
650  
655  
660  
665  
670  
675  
680  
685  
690  
695  
700  
705  
710  
715  
720  
725  
730  
735  
740  
745  
750  
755  
760  
765  
770  
775  
780  
785  
790  
795  
800  
805  
810  
815  
820  
825  
830  
835  
840  
845  
850  
855  
860  
865  
870  
875  
880  
885  
890  
895  
900  
905  
910  
915  
920  
925  
930  
935  
940  
945  
950  
955  
960  
965  
970  
975  
980  
985  
990  
995  
1000

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

Form WWC-5