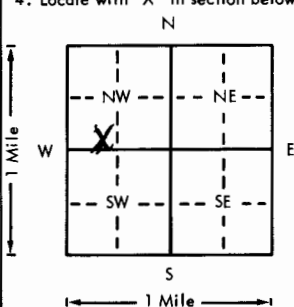


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 SE 1/4 SW 1/4 NW 1/4	Section number 7	Township number T 20 S R	Range number 2 31 E W <input checked="" type="checkbox"/>
2. Distance and direction from nearest town or city: 6E, 2 1/2 S, 1/2 E of Street address of well location if in city: Shallow Water, Kansas			3. Owner of well: Robt. Dague R.R. or street: RFD #2 City, state, zip code: Scott City, KS 67871		
4. Locate with "X" in section below: 			Sketch map: SEPTIC 3/4 mile WELL		
5. Type and color of material			From	To	6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>105</u> ft. <u>5-16-77</u>
Clay			0	15	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
Sd coarse			15	62	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
Sd rock			62	67	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. to <u>85</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.250</u>
Sd rock			67	77	10. Screen: Manufacturer's name _____ Jess & Lowell Type <u>RMP</u> Dia. <u>5 in.</u> Slot gauze <u>1/16</u> Length <u>20 ft.</u> Set between <u>85</u> ft. and <u>105</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8</u>
Sd coarse			77	78	11. Static water level: _____ mo./day/yr. <u>80</u> ft. below land surface Date <u>5-16-77</u>
Sd rock H			78	82	12. Pumping level below land surfaces: <u>NA</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
Clay			82	87	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Sdyz clay			87	102	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade
Clay yellow			102	105	15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>15</u> ft.
(Use a second sheet if needed)					16. Nearest source of possible contamination: ft. <u>3960</u> Direction <u>NW</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input 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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Weishaar Drilling <u>232</u> Business name License No. Address <u>Scott City, KS 67871</u> Signed <u>[Signature]</u> Date <u>6-7-77</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

RD 31 W 7 SE SW NW
 1/4 1/4 1/4

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

Form WWC-5