

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>NE 1/4 NE 1/4 SE 1/4</b>		Section number <b>15</b>	Township number <b>T 20 S R 31 E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>11 mb. E of Friend, Kansas &amp; 3 Nth</b>				3. Owner of well: <b>Robert Harkness</b> R.R. or street: <b>Rte. #2</b> City, state, zip code: <b>Scott City, Kansas 67871</b>		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile				Sketch map:		
5. Type and color of material				From	To	6. Bore hole dia. <b>9-75</b> in. Completion date <b>5/14/76</b> Well depth <b>86</b> ft.
<b>top soil</b>				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
<b>sandy clay</b>				15	30	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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
<b>sand, clay, sand</b>				30	45	9. Casing: Material <b>RMP</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>20</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>86</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>0320</b>
<b>sand, clay, sand</b>				45	60	10. Screen: Manufacturer's name _____ <b>Jess &amp; Lowell</b> Type <b>Styrene</b> Dia. <b>5"</b> Slot/gauze <b>1/16</b> Length <b>30'</b> Set between <b>56</b> ft. and <b>86</b> ft. _____ ft. and _____ ft. Gravel pack? <b>Yes</b> Size range of material <b>3/16</b>
<b>sandy clay</b>				60	75	11. Static water level: _____ mp./day/yr. <b>30</b> ft. below land surface Date <b>5-14-76</b>
<b>coarse # sand, clay</b>				75	90	12. Pumping level below land surfaces: <b>40</b> ft. after <b>2</b> hrs. pumping <b>25</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>25</b> 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 <b>18</b> inches above grade
						15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>4</b> ft. to <b>15</b> ft.
						16. Nearest source of possible contamination: ft. <b>2600</b> Direction <b>N</b> Type <b>Feedlot</b> 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
(Use a second sheet if needed)						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. <b>High Plains Drilling &amp; Supply, Inc.</b> Business name License No. <b>B136</b> <b>402 Nth 3rd Garden City, Ks.</b> Signed <b>Arthur B. Rullman</b> Date <b>6-2-76</b> Authorized representative
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

20 31 W 15 NENESE  
Sec 1/4 1/4 1/4

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

Form WWC-5