

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 NE 1/4 NE 1/4 SE 1/4	Section number 11	Township number T 20 S R 33	Range number EW
2. Distance and direction from nearest town or city: 3S, 1W, 1/2 N of Street address of well location if in city: Shallow Water, Kansas			3. Owner of well: Ed Wasinger R.R. or street: RFD #2 City, state, zip code: Scott City, Kansas 67871		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: <i>X well 50'</i> <i>Septic'</i>		
4. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>187</u> ft. <u>11/6/76</u>			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		
8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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 _____ Welded <u>Glue</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight <u>1.8</u> lbs./ft. Dia. <u>5</u> in. to <u>147</u> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u>		
5. Type and color of material			10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type RMP _____ Dia. <u>5 in.</u> <u>Slotted</u> gauze <u>1/16</u> Length <u>40 ft.</u> Set between <u>147</u> ft. and <u>187</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8</u>		
Clay 'sdy'			From 0 To 39		
Fine sd clay			From 39 To 59		
Clay			From 59 To 78		
Finesd clay			From 78 To 105		
Fine sd			From 105 To 111		
Fine sd clay			From 111 To 120		
Clay			From 120 To 125		
Gyp			From 125 To 160		
Fine sd clay			From 160 To 182		
Clay			From 182 To 190		
Clay yellow			From 190 To 200		
shale			From 200 To _____		
(Use a second sheet if needed)			11. Static water level: _____ ma./day/yr. <u>97</u> ft. below land surface Date <u>11-1-76</u>		
			12. Pumping level below land surfaces: <u>107</u> ft. after <u>1</u> hrs. pumping <u>18</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>18</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 checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
			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.		
			16. Nearest source of possible contamination: ft. <u>50</u> Direction <u>SE</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>Red Jacket</u> Model number <u>200T1</u> HP <u>2</u> Volts <u>220</u> Length of drop pipe <u>174</u> ft. capacity <u>18</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:			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 License No. Address <u>Scott City, KS 67871</u> Signature <u>[Signature]</u> Authorized representative <u>12-4-76</u>		
19. Remarks: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

20
33
W
11
NE NE SE
1/4 1/4 1/4

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

Form WWC-3