

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>11</b>	Township number <b>T 20 S R 33</b>	Range number <b>E 40</b>
2. Distance and direction from nearest town or city: <b>11S, 1W, 1/2N of</b> Street address of well location if in city: <b>Scott City, Kansas</b>			3. Owner of well: <b>Edwin Wasinger</b> R.R. or street: <b>RFD #2</b> City, state, zip code: <b>Scott City, KS 67871</b>		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: <i>X well 100' → Septic</i>		
5. Type and color of material			From	To	6. Bore hole dia. <u>9</u> in. Completion date <u>11-6-76</u> Well depth <u>187</u> ft.
Clay 'sdy'			0	39	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
Fine sd clay			39	59	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
Clay			59	78	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>147</u> ft. depth; Wall Thickness: inches or Dia. <u>   </u> in. to <u>   </u> ft. depth; gage No. <u>.250</u>
Fine sd clay			78	105	10. Screen: Manufacturer's name <u>Jess &amp; Lowell</u> Type <u>RMP</u> Dia. <u>5 in.</u> <input checked="" type="checkbox"/> Gauze <u>1/16</u> Length <u>40 ft.</u> Set between <u>147</u> ft. and <u>187</u> ft. <u>   </u> ft. and <u>   </u> ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/4-1/8</u>
Fine sd			105	111	11. Static water level: <u>97</u> ft. below land surface Date <u>11-1-76</u> mo./day/yr.
Fine sd clay			111	120	12. Pumping level below land surfaces: <u>107</u> ft. after <u>1</u> hrs. pumping <u>18</u> g.p.m. <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. Estimated maximum yield <u>18</u> g.p.m.
Clay			120	125	13. Water sample submitted: <u>   </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>   </u>
Gyp			125	160	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade
Fine sd clay			160	182	15. Well grouted? <input checked="" type="checkbox"/> yes 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.
Clay			182	190	16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>E</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clay yellow			190	200	17. Pump: <input type="checkbox"/> 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
Shale			200		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> Date <u>11-17-76</u> Authorized Representative
(Use a second sheet if needed)					
18. Elevation:	19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 20 S R 33 E 40  
 Sec 11  
 NE 1/4 SE 1/4

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

Form MWCC-5