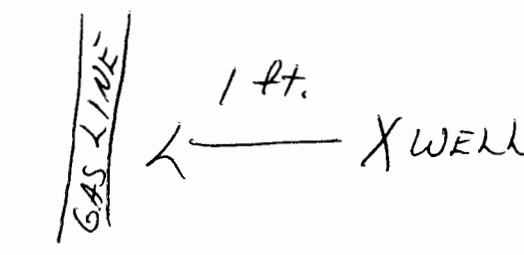


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 SE 1/4 SE 1/4	Section number 14	Township number T 20 S R	Range number 33 E/W
2. Distance and direction from nearest town or city: 12S, 1W of Street address of well location if in city: Scott City, Kansas			3. Owner of well: Kenneth Goertzen R.R. or street: RFD #2 City, state, zip code: Scott City, KS 67871		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: 		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>170</u> ft. <u>8-23-77</u>	
5. Type and color of material		From		To	
		Clay		0 37	
		Sdy clay		37 48	
		Clay		48 87	
		Sd coarse		87 108	
		Gyp		108 120	
		Clay		120 130	
		Fine sd clay		130 135	
		Sd coarse		135 142	
		Fine sd clay		142 148	
Sd coarse		148 169			
Clay yellow		169 170			
				7. 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 <input type="checkbox"/> Welded <input type="checkbox"/> 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>150</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>.250</u>	
				10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>5 in.</u> <u>1/16</u> gauze Length <u>20 ft.</u> Set between <u>150</u> ft. and <u>170</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8</u>	
				11. Static water level: _____ mo./day/yr. <u>97</u> ft. below land surface Date <u>8-17-77</u>	
				12. Pumping level below land surfaces: <u>107</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> 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 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>1</u> Direction <u>West</u> Type <u>Gas Line</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: _____ Not installed Manufacturer's name <u>Goulds</u> Model number <u>EJ</u> HP <u>1</u> Volts <u>220</u> Length of drop pipe <u>150</u> ft. capacity <u>10</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:		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. <u>Weishaar Drilling</u> <u>232</u> Business name License No. Address <u>Scott City, KS 67871</u> Signature <u>[Signature]</u> Date <u>8-24-77</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

20
33
W
14
SESESE
1/4 1/4 1/4
Sec

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

Form WWC-5