

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

SHALLOW WATER

DCB

20336
T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

13BC

1 Location of well:	County Scott	Township name —	Fraction NW, SW, SE	Section number 16	Town number T20S	Range number R33W
Distance and direction from nearest town or city: Approx. 4 S. & 3 1/2 W. from Street address of well location if in city: Shallow Water				3 Owner of well: Art Miller Address: 627 Wheatridge Garden City, Ks		
Locate with "X" in section below: N W ——— E S 1 Mile				Sketch map: 4 Well depth: 160 ft. Date of completion _____ Well diameter 28 in. 7 May 75		
2 Type and color of material				5 <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____		
Well drilled near site of TH 1-75 (see attached), which is located approx. 900' N. of the SW cor of SE 1/4, Sec 16, 20-33, Scott Co.				7 Casing: Material steel Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. _____ Weight 32 lbs./ft. _____ 16 in. to 160 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
				8 Screen: Manufacturer Cook & Doery Type WW & Louve Dia. 16" Slot/gauze 1/8" Length 47' Set between 113 ft. and 160 ft. _____ Fittings: 1.2 - 9 mm Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
The old well (referred to on the test hole log) has been abandoned and filled with natural earth materials up to a point 3' below ground level. A concrete plug has been poured from 0' to 3'. BROCK 157'				9 Static water level: 101 ft. below land surface Date 21 Feb 75		
				10 Pumping level below land surfaces: 123 ft. after 1 hrs. pumping 1100 g.p.m. 130 ft. after 1 hrs. pumping 1212 g.p.m. Estimated maximum yield 1250 g.p.m.		
(use a second sheet if needed)				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.		
				14 Nearest source of possible contamination: Unk ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2958 (7015)				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Layne Model number 12 KM HP 60 Volts _____ Length of drop pipe 150 ft. capacity 1000 g.m.p. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
				17 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. Layne-Western Co 150 Business name _____ License No. _____ Address Garden City Signed R.L. Vincent Date _____ Authorized representative 14 May 75		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

