

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 S/E 1/4 N/E 1/4 N/E 1/4	Section number 21	Township number T 20 S R 33	Range number #W
2. Distance and direction from nearest town or city: 3 1/2 S, 3 W, 1 1/4 S of Shallow Water, Kansas				3. Owner of well: Dan Hutchins		
Street address of well location if in city:				R.R. or street: RFD 2		
				City, state, zip code: Scott City, Kansas		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>165</u> ft. <u>8-26-1977</u>		
				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		
5. Type and color of material		From	To	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		0	34	9. Casing: Material <u>Plastic</u> Height: Above ground _____ Threading <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>145</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.250</u>		
Clay (Sandy)		34	38	10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>5 in.</u> Slot/gauge <u>1/16</u> Length <u>20 FT.</u> Set between <u>145</u> ft. and <u>165</u> ft. _____ ft. and _____ ft.		
Clay		38	65	Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/8</u>		
Fine sand clay		65	72	11. Static water level: _____ mo./day/yr. <u>120</u> ft. below land surface Date <u>8-25-1977</u>		
Clay		72	79	12. Pumping level below land surfaces: <u>135</u> ft. after <u>1</u> hrs. pumping <u>20</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.		
Sand rock		79	85	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Clay		85	88	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
Sand rock		88	96	15. Well grouted? <input checked="" type="checkbox"/> yes With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>15</u> ft.		
Clay		96	100	16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>west</u> Type <u>barn</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____		
Fine sand clay		100	105	17. Pump: _____ Not installed Manufacturer's name <u>Red Jacket</u> Model number <u>N14CC</u> HP <u>2</u> Volts <u>220</u> Length of drop pipe <u>160</u> ft. capacity <u>20</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other		
Sand fine		105	111	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. Weishaar Drilling 232 Business name _____ License No. _____ Address <u>Scott City, Ks. 67871</u> Signed <u>[Signature]</u> Date <u>8-29-</u> Authorized representative		
Sand rock		111	116			
Fine sand clay		116	125			
Sand Course		125	132			
Fine sand clay		132	149			
Sand fine to med.		149	163			
Yellow		163	165			
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

20
 33
 21
 SE 1/4 NE 1/4
 Sec 21

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

Form WWC-5