

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 NE 1/4	Section number 22	Township number T 20 S R 33	Range number EW
2. Distance and direction from nearest town or city: 11S, 2W, 1S of			3. Owner of well: Hutchins Bros.			
Street address of well location if in city: Scott City, KS			R.R. or street: % Kenneth Hutchins			
			City, state, zip code: Scott City, KS 67871			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>26</u> in. Completion date _____		
N				Well depth <u>175</u> ft. <u>4-13-76</u>		
S				7. <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		
5. Type and color of material		From	To	8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Clay		0	75	9. Casing: Material <u>Steel</u> Height: <u>Above</u> or below		
Sdy clay		75	87	Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>10</u> in.		
Clay		87	99	RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>31.67</u> lbs./ft.		
Gyp		99	115	Dia. <u>16</u> in. to <u>175</u> ft. depth; Wall Thickness: inches or		
Clay		115	127	Dia. _____ in. to _____ ft. depth; gage No. <u>188</u>		
Sdy clay		127	137	10. Screen: Manufacturer's name <u>Johnson & Free Flow</u>		
Sd coarse		137	139	Type <u>Galv. & Prime Steel</u> Dia. <u>16</u> in.		
Clay		139	149	Flow gauges <u>100 & 125</u> Length <u>30</u> ft.		
Sd coarse		149	171	Set between <u>145</u> ft. and <u>175</u> ft.		
Clay yellow		171	175	Gravel pack? <u>yes</u> Size range of material <u>3/4-1</u>		
Shale		175		11. Static water level: _____ mo./day/yr.		
				<u>93</u> ft. below land surface Date <u>2-10-76</u>		
				12. Pumping level below land surfaces:		
				<u>130</u> ft. after <u>4</u> hrs. pumping <u>650</u> g.p.m.		
				<u>145</u> ft. after <u>4</u> hrs. pumping <u>1000</u> g.p.m.		
				Estimated maximum yield <u>1000</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr.		
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
				14. Well head completion:		
				Pitless adapter _____ Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/>		
				With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete		
				Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination:		
				ft. <u>5280</u> Direction <u>W</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>Western Land Roller</u>		
				Model number _____ HP _____ Volts _____		
				Length of drop pipe <u>165</u> ft. capacity <u>1000</u> g.p.m.		
				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		
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography:				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input type="checkbox"/> Hill				<u>Weishaar Drilling</u> <u>232</u>		
<input type="checkbox"/> Slope				Business name _____ License No. _____		
<input checked="" type="checkbox"/> Upland				Address <u>Scott City, KS 67871</u>		
<input type="checkbox"/> Valley				Signed _____ Date _____		
				Authorized representative <u>7-21-76</u>		

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

Form WWC-5