

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 <u>Scott</u>	Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>	Section number <u>5</u>	Township number <u>T 20 S R 34</u>	Range number <u>E 10</u>
2. Distance and direction from nearest town or city: <u>9S, 1W of</u> Street address of well location if in city: <u>Modoc, Kansas</u>				3. Owner of well: <u>Hattendorf Bros.</u> R.R. or street: <u>Box 339</u> City, state, zip code: <u>Scott City, KS 67871</u>		
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>95</u> ft. <u>10-15-76</u>	
		<p>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</p> <p>8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other</p> <p>9. Casing: Material <u>Flas</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>75</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>250</u></p>				
					5. Type and color of material	
		Clay	0	18	11. Static water level: _____ mo./day/yr. <u>46</u> ft. below land surface Date <u>10-13-76</u>	
		Fine sd	18	32	12. Pumping level below land surfaces: <u>56</u> ft. after <u>1</u> hrs. pumping <u>4</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>4</u> g.p.m.	
		Med sd	32	50	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
		Sd coarse	50	55	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade	
		Clay	55	61	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.	
		Fine sd clay	61	77	16. Nearest source of possible contamination: ft. <u>13200</u> Direction <u>W</u> Type <u>Septic</u> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Sd good	77	79	17. Pump: _____ Not installed Manufacturer's name <u>Aermotor</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>80</u> ft. capacity <u>4</u> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal Windmill <input checked="" type="checkbox"/> Other	
		Sdy clay	79	82	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 _____ Date _____ Authorized Representative <u>11-3-76</u>	
		Sd coarse	82	87		
		Clay	87	88		
		Sd coarse	88	90		
		Shale	90	95		
(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 34 E 10
 Sec 5 - NE NE NE
 1/4 1/4 1/4

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

Form WWC-5