

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 <b>Scott</b>	Fraction <b>NW 1/4 SE 1/4 SE 1/4</b>	Section number <b>7</b>	Township number <b>T 20 S R 34 E (W)</b>	Range number
2. Distance and direction from nearest town or city: <b>11S, 11W, 1/4 N,</b>			3. Owner of well: <b>D. G. Hattendorf</b>			
Street address of well location if in city: <b>1/4 W of Scott City, KS</b>			R.R. or street: <b>Box 339</b>			
			City, state, zip code: <b>Scott City, KS 67861</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>24</u> in. Completion date _____ Well depth <u>100</u> ft. <u>11-2-74</u>		
				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	56	9. Casing: Material <u>Steel</u> Height: <u>Above</u> or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>10</u> in. RMP _____ PVC _____ Weight <u>17.5</u> lbs./ft. Dia. <u>12</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>134</u>		
Sand		56	75	10. Screen: Manufacturer's name _____ <u>Free Flow</u> Type <u>Prime Steel</u> Dia. <u>12 in.</u> <input checked="" type="checkbox"/> slot gauze <u>.179</u> Length <u>40</u> ft. Set between <u>60</u> ft. and <u>100</u> ft. _____ ft. and _____ ft.		
Sand clay		75	82	Gravel pack? <u>yes</u> Size range of material <u>3/4-1/2</u>		
Clay		82	100	11. Static water level: _____ mo./day/yr. <u>67</u> ft. below land surface Date <u>11-2-74</u>		
				12. Pumping level below land surfaces: <u>67</u> ft. after <u>8</u> hrs. pumping <u>115</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>115</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade		
				<input checked="" type="checkbox"/> Well grouted? _____ 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>2640</u> Direction <u>NW</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
		(Use a second sheet if needed)				
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>Weisbaer Drilling</u> <u>232</u> Business name License No. Address <u>Scott City, KS 67861</u> Signed <u>[Signature]</u> Date <u>7-19-76</u> Authorized Representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5