

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>NW 1/4 NW 1/4 NW 1/4</u>	Section number <u>29</u>	Township number <u>T 20 S R 34 E W</u>	Range number <u>34 E W</u>
2. Distance and direction from nearest town or city: <u>9W, 13S, 2W of</u> Street address of well location if in city: <u>Scott City, Kansas</u>			3. Owner of well: <u>Dennis Crist</u> R.R. or street: City, state, zip code: <u>Holcomb, KS 67851</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>135</u> ft. <u>9-10-76</u>		
		<p style="text-align: center;"><u>X well</u> <u>↓ 8'</u> <u>Corral</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		
				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		
5. Type and color of material		From	To	9. Casing: Material <u>Plas</u> Height <u>Above</u> or below Threaded _____ Welded <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>115</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>250</u>		
Clay		0	28	10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>5</u> in. <u>Slow</u> gauze <u>1/16</u> Length <u>20</u> ft. Set between <u>115</u> ft. and <u>135</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> <u>yes</u> Size range of material <u>1/4-1/8</u>		
Gyp		28	38	11. Static water level: _____ mo./day/yr. <u>119</u> ft. below land surface Date <u>9-9-76</u>		
Clay sdy		38	55	12. Pumping level below land surfaces: <u>129</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.		
Sd rock		55	58	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
Fine sd clay		58	75	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
Sd coarse		75	89	15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>15</u> ft.		
Fine sd clay		89	100	16. Nearest source of possible contamination: ft. <u>8</u> Direction <u>S</u> Type <u>Corral</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____		
Sd coarse		100	120	17. Pump: _____ Not installed Manufacturer's name <u>Aeremotor</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>133</u> ft. capacity <u>4</u> g.p.m. Type: <input type="checkbox"/> Submersible _____ Turbine _____ <input type="checkbox"/> Jet _____ Reciprocating _____ <input type="checkbox"/> Centrifugal <u>Windmill</u> <input checked="" type="checkbox"/> Other _____		
Fine sd clay		120	129	(Use a second sheet if needed)		
Clay yellow		129	135			
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>Weishaar Drilling</u> <u>232</u> Business name License No. <u>Scott City, KS 67871</u> Address Signed <u>[Signature]</u> Date <u>9-30-76</u> Authorized representative <u>9-30-76</u>		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

20
34 E
W
29
1/4 1/4 1/4
Newman

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

Form WWL-5