

USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WOLF SW

WATER WELL RECORD
KSA 82a-1201-1215

CCA

Kansas Department of Health and Environment—Division of Environment (Water well Contractors) Topeka, Kansas 66620

1. Location of well:		County Kearny	Fraction NE 1/4 SW 1/4 SW 1/4	Section number 33	Township number T 22 S R 35 E/W	Range number
2. Distance and direction from nearest town or city: 7 1/2 N, 1 1/2 W, 1/4 N, 1/4 W of Deerfield, KS Street address of well location if in city:			3. Owner of well: Leon Scheuerman R.R. or street: City, state, zip code: Deerfield, KS			
4. Locate with "X" in section below:		Sketch map: 1295' E & 1109' N of SW corner of SW 1/4, Sec. 33, T22S, R35W k Kearny County, KS			6. Bore hole dia. 28 in. Completion date _____ Well depth 178 ft. 5-16-77	
					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		
Top soil		0	10	9. Casing: Material STL Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface 12 in. RMP _____ PVC _____ Weight 37 lbs./ft. Dia. 16 in. to 137 ft. depth Wall thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 219		
Fine sand		10	18	10. Screen: Manufacturer's name Foster, Cook Millslot, W/W Type _____ Dia. 16 Slot/gauze 1/8" Length 41 Set between 137 ft. and 178 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 2.8mm		
Tan clay		18	30	11. Static water level: _____ mo./day/yr. 152 ft. below land surface Date 11/16/76		
Fine to coarse sand		30	40	12. Pumping level below land surfaces: 168 ft. after 1 hrs. pumping 300 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 300 g.p.m.		
Tan clay		40	52	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____		
Fine to coarse sand		52	88	14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
Tan clay		88	100	15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete Depth: From 0 ft. to 10 ft.		
Fine to coarse sand		100	106	16. Nearest source of possible contamination: Unk. ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____		
Fine to coarse sand, clay streaks		106	138	17. Pump: _____ Not installed Manufacturer's name Johnston Model number 10DC HP _____ Volts _____ Length of drop pipe 170 ft. capacity 600 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		
Fine to coarse sand, fine gravel, tight		138	150			
Fine to coarse sand		150	172			
Weathered shale		172	196			
Black shale		196	220			
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		3085 (TOP)		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Layne-Western Co. 102 Business name License No. Address Garden City, KS Signed P. J. Vincent Date 16 May 77 Authorized representative		

22 35 33 NE SW SW 1/4 1/4 1/4

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

Form WWC-5