

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

WATER WELL RECORD  
KSA 82a-1201-1215

CSD

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

1. Location of well:	County <b>Logan</b>	Fraction <b>S/E 1/4 S/E 1/4 S/W 1/4</b>	Section number <b>19</b>	Township number T <b>15</b> S R	Range number <b>37</b> #W		
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>17 N., 5 1/2 W. of Leoti, Kansas</b>			3. Owner of well: R.R. or street: <b>Frank Wetmore</b> City, state, zip code: <b>Wallace, Kansas 67761</b>				
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: <b>well</b> <b>X ----- 400' ----- X</b> <b>Septic</b>		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>80</u> ft. <u>9-22-1978</u>			
5. Type and color of material		From		To			
		clay		0	25	7. 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	
		gyp		25	33	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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	
		rock H		33	38	9. Casing: Material <u>Plastic</u> Weight: Above 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>60</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.250</u>	
		clay		38	60	10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/16"</u> Length <u>10'</u> Set between <u>60</u> ft. and <u>80</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/4 X 1/8"</u>	
		sand coarse T		60	70	11. Static water level: _____ mo./day/yr. <u>66</u> ft. below land surface Date <u>9/21/78</u>	
		sand coarse		70	75	12. Pumping level below land surfaces: <u>72</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> g.p.m.	
		rock H		75	76	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
		yellow		76	80	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
		shale		80	81	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.	
(Use a second sheet if needed)		BROCK 76'		16. Nearest source of possible contamination: ft. <u>400</u> Direction <u>East</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>Red Jacket</u> Model number <u>N7BB</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>77</u> ft. capacity <u>10</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
				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. <b>Weishaar Drilling &amp; Sup. 232</b> Business name _____ License No. _____ Address <u>Scott City, Kans. 67871</u> Signed <u>[Signature]</u> Date <u>9-23-78</u> Authorized representative			
				18. Elevation:			
				19. Remarks:			
				Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			

15 370 19 SE SE SW  
1/4 1/4 1/4 1/4

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

Form WWC-5