

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>NE 1/4 NE 1/4 NE 1/4</b>	Section number <b>20</b>	Township number <b>T 16 S R 31</b>	Range number <b>E W</b>
2. Distance and direction from nearest town or city: <b>8N, 6E, 4N of</b>			3. Owner of well: <b>Jake Leatherman</b>		
Street address of well location if in city: <b>Scott City, Kansas</b>			R.R. or street: <b>Healy, Kansas 67850</b>		
4. Locate with "X" in section below:			Sketch map:		
			6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>140</u> ft. <u>8-27-76</u>		
			7. <input checked="" 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 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		
			9. Casing: Material <u>Plas.</u> Height <u>(Above)</u> or below Threaded <input type="checkbox"/> Welded <u>Gluc</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>120</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u>		
5. Type and color of material			From	To	10. Screen: Manufacturer's name <u>Jess &amp; Lowell</u>
Clay			0	22	Type <u>RMP</u> Dia. <u>5 in.</u>
Gyp			22	25	<input checked="" type="checkbox"/> Gauze <u>1/16</u> Length <u>20 ft.</u>
Clay			25	27	Set between <u>120</u> ft. and <u>140</u> ft.
Gyp			27	35	Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/4-1/8</u> ft.
Clay			35	49	11. Static water level: _____ mo./day/yr. <u>116</u> ft. below land surface Date <u>8-26-76</u>
Sdy clay			49	70	12. Pumping level below land surfaces: <u>117</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.
Sd rock T			70	90	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
Sdy clay T			90	109	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> Inches above grade
Fine sd clay			109	127	15. Well grouted? <u>yes</u>
Sd coarse			127	132	With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>15</u> ft.
Clay sdy soft			132	140	16. Nearest source of possible contamination: <u>Feed</u> ft. <u>200</u> Direction <u>NW</u> Type <u>lot</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____
Shale			140		17. Pump: _____ Not installed Manufacturer's name <u>Aermotor</u> Model number _____ HP <u>3/4</u> Volts <u>230</u> Length of drop pipe <u>130</u> ft. capacity <u>10</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ 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.	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				<u>Weishaar Drilling</u> <u>232</u> Business name License No. <u>Scott City, KS 67871</u> Address Signed <u>[Signature]</u> Date <u>9-7-76</u> Authorized representative	

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

Form WWC-5