

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 Wichita	Fraction N/E 1/4 N/W 1/4 n/W 1/4	Section number 8	Township number T 16 S R 37	Range number ##W
2. Distance and direction from nearest town or city: 12 N, 4 W, # 2 N of Leoti, Kansas Street address of well location if in city:				3. Owner of well: Gordon Janssen R.R. or street: 807 Era City, state, zip code: Scott city, Kansas 67871		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>150</u> ft. <u>9/15/1977</u>		
		<p style="text-align: center;">Septic *** *** 100' Well X</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		
5. Type and color of material				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>Plast</u> Height: Above ground <u>###</u> Threading <u>_____</u> Welded <u>Glud</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>130</u> ft. depth Wall Thickness: inches or Dia. <u>_____</u> in. to <u>_____</u> ft. depth gage No. <u>250</u>		
				10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>5 in.</u> Slot <u>### 1/16</u> Length <u>20'</u> Set between <u>130</u> ft. and <u>150</u> ft. <u>_____</u> ft. and <u>_____</u> ft. Gravel pack? <input checked="" type="checkbox"/> yes. Size range of material <u>1/4-1/8</u>		
				11. Static water level: _____ mo./day/yr. <u>118</u> ft. below land surface Date <u>9-14-77</u>		
				12. Pumping level below land surfaces: <u>129</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. <u>_____</u> ft. after <u>_____</u> hrs. pumping <u>_____</u> g.p.m. Estimated maximum yield <u>10</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> yes 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.		
				16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>N</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> yes Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <u>Red Jacket</u> Model number <u>14BC</u> HP <u>1</u> Volts <u>230</u> Length of drop pipe <u>145</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		
(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>Weishaar Drilling</u> <u>232</u> Business name License No. Address <u>Scott City, Ks.</u> Signed <u>[Signature]</u> Date <u>9/17/77</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

16 37W 8 NE NW 1/4 1/4 1/4

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

Form WWC-5