

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>Wichita</b>	Fraction <b>SW 1/4 SW 1/4 SE 1/4</b>	Section number <b>18</b>	Township number T <b>16</b> S R	Range number <b>37</b> <b>EW</b>
2. Distance and direction from nearest town or city: <b>12N, 4 1/2 W of</b>				3. Owner of well: <b>Nick Gillen</b>		
Street address of well location if in city: <b>Leoti, KS</b>				R.R. or street: City, state, zip code: <b>Leoti, KS 67861</b>		
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>26</u> in. Completion date _____ Well depth <u>199</u> ft. <u>4-2-75</u>	
					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	
					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	
					9. Casing: Material <u>steel</u> Height: <u>Above</u> or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>10</u> in. RMP _____ PVC _____ Weight <u>31.67</u> lbs./ft. Dia. <u>16</u> in. to <u>199</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.188</u>	
5. Type and color of material		From	To	10. Screen: Manufacturer's name _____ <b>Free Flow</b> Type <u>Prime Steel</u> Dia. <u>16 In.</u> <input checked="" type="checkbox"/> gal gauze <u>.125</u> Length <u>40 ft.</u> Set between <u>159</u> ft. and <u>199</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>3/4 - 1/2</u> ft.		
Clay		0	39	11. Static water level: _____ mo./day/yr. <u>128</u> ft. below land surface Date <u>1-21-75</u>		
Sd coarse		39	45	12. Pumping level below land surfaces: <u>151</u> ft. after <u>4</u> hrs. pumping <u>730</u> g.p.m. <u>165</u> ft. after <u>4</u> hrs. pumping <u>1150</u> g.p.m. Estimated maximum yield <u>1150</u> g.p.m.		
Sdy clay		45	55	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____		
Clay		55	61	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
Sd coarse		61	68	15. Well grouted? <input checked="" type="checkbox"/> y With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>15</u> ft.		
Clay		68	98	16. Nearest source of possible contamination: ft. <u>2640</u> Direction <u>NW</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____		
Finesd clay		98	140	17. Pump: _____ Not installed Manufacturer's name <u>Western Land Roller</u> Model number <u>GE</u> HP <u>60</u> Volts <u>460</u> Length of drop pipe <u>190</u> ft. capacity <u>1150</u> 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		
Sd coarse		140	157	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 67871</u> Signed <u>[Signature]</u> Date <u>7-19-76</u> Authorized representative		
Fine sd clay		157	166			
Sd coarse		166	196			
Clay yellow		196	197			
Rock		197	198			
Clay yellow		198	200			
Shale		200				
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T  
 L  
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 37  
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 18  
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 1/4  
 1/4  
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 E

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

Form WWC-5