

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 SW 1/4 SW 1/4 SE 1/4	Section number 25	Township number T 16 S R	Range number R 37 E (W)
2. Distance and direction from nearest town or city: 10N, 1/2E of			3. Owner of well: Jack Gorsuch			
Street address of well location if in city: Leoti, KS			R.R. or street: City, state, zip code: Leoti, KS 67861			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>26</u> in. Completion date _____ Well depth <u>212</u> ft. <u>4-8-76</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		
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		
Clay		0	28	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>212</u> ft. depth Wall Thickness _____ inches or Dia. _____ in. to _____ ft. depth gage No. <u>188</u>		
Gyp		28	54	10. Screen: Manufacturer's name <u>Johnson</u> <u>Galv. & Prime & Free Flow</u> Type _____ Dia. <u>16 in.</u> <u>100 & 125</u> Length <u>50 ft.</u> Set between <u>162</u> ft. and <u>212</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>3/4-1/2</u>		
Clay		54	59	11. Static water level: _____ mo./day/yr. <u>140</u> ft. below land surface Date <u>2-18-76</u>		
Sd rock		59	65	12. Pumping level below land surfaces: <u>170</u> ft. after <u>4</u> hrs. pumping <u>830</u> g.p.m. <u>175</u> ft. after <u>4</u> hrs. pumping <u>875</u> g.p.m. Estimated maximum yield <u>875</u> g.p.m.		
Sdy clay		65	78	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Clay		78	115	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
Sd coarse		115	124	15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>15</u> ft.		
Fine sd clay		124	150	16. Nearest source of possible contamination: ft. <u>7920</u> Direction <u>E</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Sd coarse		150	155	17. Pump: _____ Not installed Manufacturer's name <u>Western Land Roller</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>200</u> ft. capacity <u>875</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 rock		155	159	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. Weishaar Drilling <u>232</u> Business name _____ License No. _____ Address <u>Scott City, KS 67871</u> Sign: _____ Date _____ Authorized representative <u>7-21-76</u>		
Fine sd clay		159	161			
Sd coarse		161	167			
Fine sd clay		167	171			
fine sd		171	180			
Fine sd clay		180	194			
Sd coarse (Use a second sheet if needed)		194	210			
18. Elevation:	19. Remarks: Yellow		210			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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 16
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5