

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>SE 1/4 SW 1/4 NE 1/4</b>	Section number <b>2</b>	Township number <b>T 16 S R 38 E/W</b>	Range number <b>38</b>
2. Distance and direction from nearest town or city: <b>15N, 6W, 1/2S,</b> Street address of well location if in city: <b>1/4W of Leoti, KS</b>			3. Owner of well: <b>Harold Brown</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>145</u> ft. <u>4-3-75</u>		
				7. 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: 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	22	9. Casing: Material <u>Steel</u> Height: <u>above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>10</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>31.62</u> lbs./ft. Dia. <u>16</u> in. to <u>14 1/2</u> ft. depth; Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth; gage No. <u>188</u>		
Gyp H		22	25	10. Screen: Manufacturer's name _____ <u>Free Flow</u> Type <u>Prime Steel</u> Dia. <u>16 in.</u> Slot gauze <u>125</u> Length <u>30 ft.</u> Set between <u>115</u> ft. and <u>145</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>3/4-1/2</u>		
Rock H		25	27	11. Static water level: _____ mo./day/yr. <u>102</u> ft. below land surface Date <u>2-14-75</u>		
Clay		27	35	12. Pumping level below land surfaces: <u>135</u> ft. after <u>8</u> hrs. pumping <u>300</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>300</u> g.p.m.		
Gyp H		35	45	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Clay		45	58	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
Sd coarse		58	62	15. Well grouted? <input checked="" type="checkbox"/> 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		62	70	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 <input type="checkbox"/> No		
Sd coarse		70	131	17. Pump: _____ Not installed Manufacturer's name <u>Western Land Roller</u> Model number <u>CR</u> HP <u>20</u> Vol <u>460</u> Length of drop pipe <u>135</u> ft. capacity <u>300</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 clay M		131	135	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>Social Club, KS 67871</u> Signed <u>[Signature]</u> Date <u>7-19-76</u> Authorized representative		
Clay yellow		135	145			
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

16 38 E/W  
 2  
 SE SW NE  
 1/4 1/4 1/4

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

Form WWC-5