

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>NE 1/4 NE 1/4 SE 1/4</b>	Section number <b>27</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>11N, 7W, 1/2 S of</b>			3. Owner of well: <b>Notestine, Inc.</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>190</u> ft. <u>4-14-76</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	49	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. <u>190</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>188</u>		
Sd coarse		49	57	10. Screen: Manufacturer's name <u>Johnson</u> <u>Galv. &amp; Prime &amp; Free Flow</u> Type <u>Steel</u> Dia. <u>16</u> in. <u>60</u> gauze <u>.100 &amp; .125</u> length <u>40</u> ft. Set between <u>150</u> ft. and <u>190</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>3/4-1/2</u>		
Sd rock		57	60	11. Static water level: _____ mo./day/yr. <u>125</u> ft. below land surface Date <u>2-26-76</u>		
Clay		60	64	12. Pumping level below land surfaces: <u>142</u> ft. after <u>4</u> hrs. pumping <u>350</u> g.p.m. <u>161</u> ft. after <u>4</u> hrs. pumping <u>650</u> g.p.m. Estimated maximum yield <u>650</u> g.p.m.		
Sdy clay		64	77	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Clay		77	100	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
Sd rock		100	112	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.		
Fine sd clay T		112	117	16. Nearest source of possible contamination: ft. <u>7920</u> Direction <u>SW</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Sd rock		117	120	17. Pump: _____ Not installed Manufacturer's name <u>Western Land Roller</u> Model number <u>GE</u> HP <u>50</u> Volts <u>460</u> Length of drop pipe <u>180</u> ft. capacity <u>650</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 T		138	141			
Sd rock		141	148			
Fine sd clay		148	159			
Sd rock		159	162			
Fine sd		162	175			
Sd coarse (Use a second sheet if needed)		175	186			
18. Elevation:	19. Remarks:	186	189	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. <b>Weishaar Drilling</b> 232 Business name _____ License No. _____ Address <u>Leoti City, KS 67871</u> Signed <u>[Signature]</u> Date <u>7-21-76</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	<b>Clay yellow</b> <b>Shale</b>	189	190			

T 16 S R 38 E/W  
 Sec 27  
 NE 1/4 SE 1/4

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

Form WWC-5