

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 NE 1/4 SW 1/4 NE 1/4	Section number 30	Township number T 16 S R 38 E	Range number 38
2. Distance and direction from nearest town or city: 10N, 1W, 1/2N, Street address of well location if in city: 1/4W, 1/4N of Selkirk, KS			3. Owner of well: Lawrence Wieser R.R. or street: 760 S. 4th St. 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>176</u> ft. <u>3-7-75</u>		
				7. Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> <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 type="checkbox"/> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> <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>31.67</u> lbs./ft. Dia. <u>16</u> in. to <u>176</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>188</u>		
Gyp		22	31	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>40 ft.</u> Set between <u>136</u> ft. and <u>176</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>3/4-1</u>		
Clay "sdy"		31	69	11. Static water level: _____ mo./day/yr. <u>107</u> ft. below land surface Date <u>1-27-75</u>		
Sd coarse		69	91	12. Pumping level below land surfaces: <u>131</u> ft. after <u>4</u> hrs. pumping <u>410</u> g.p.m. <u>135</u> ft. after <u>4</u> hrs. pumping <u>500</u> g.p.m. Estimated maximum yield _____ g.p.m.		
Clay		91	102	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
Fine sd clay		102	112	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
Rock H		112	119	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.		
Sd med		119	124	16. Nearest source of possible contamination: ft. <u>280</u> Direction <u>NW</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Sd rock		124	127	17. Pump: _____ Not installed Manufacturer's name <u>Western Land Roller</u> Model number <u>68</u> HP <u>30</u> Volts <u>460</u> Length of drop pipe <u>160</u> ft. capacity <u>500</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		
Clay		127	133	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 <u>Scott City, KS 67871</u> License No. _____ Address _____ Signed <u>[Signature]</u> Date <u>7-19-76</u> Authorized representative		
Sd coarse		133	137			
Sd rock		137	142			
Fine sd clay		142	149			
Sd coarse		149	167			
Clay yellow		167	172			
Shale (Use a second sheet if needed)		172				
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 16 S R 38 E
 1/4 1/4 1/4 1/4
 NE SW NW SE

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

Form WWC-5