

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>LANE</b>		Fraction <b>NW 1/4 NW 1/4 SW 1/4</b>		Section number <b>17</b>		Township number <b>T 17 S R 28</b>		Range number <b>EW</b>																											
2. Distance and direction from nearest town or city: <b>1 W 2 S 1 E</b>				3. Owner of well: <b>Will Leiker</b>																															
Street address of well location if in city: <b>55 SHIELDS, KS</b>				R.R. or street: <b>HOLLY, Colo.</b>																															
4. Locate with "X" in section below:				Sketch map:																															
				6. Bore hole dia. <b>20</b> in. Completion date <b>5-30-75</b>																															
				Well depth <b>161</b> ft.																															
5. Type and color of material				7. <input type="checkbox"/> Cable tool <input checked="" 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 type="checkbox"/> Reverse rotary																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr><td>Soil</td><td>0 20</td></tr> <tr><td>clay &amp; rock</td><td>20 63</td></tr> <tr><td>Fine sand</td><td>63 68</td></tr> <tr><td>clay</td><td>68 106</td></tr> <tr><td>sand</td><td>106 120</td></tr> <tr><td>Sandy clay</td><td>120 125</td></tr> <tr><td>sand</td><td>125 135</td></tr> <tr><td>clay</td><td>135 137</td></tr> <tr><td>Sand</td><td>137 150</td></tr> <tr><td>clay</td><td>150 155</td></tr> <tr><td>Yellow</td><td>155 161</td></tr> <tr><td>Blue Shale</td><td>161</td></tr> </tbody> </table>				From	To	Soil	0 20	clay & rock	20 63	Fine sand	63 68	clay	68 106	sand	106 120	Sandy clay	120 125	sand	125 135	clay	135 137	Sand	137 150	clay	150 155	Yellow	155 161	Blue Shale	161	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry					
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				<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 <b>Steel</b> Height: <b>Above or below</b>																															
				Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in.																															
				RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>134</b> lbs./ft.																															
				Dia. <b>12</b> in. to <b>121</b> ft. depth; Wall Thickness: inches or																															
				Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gauge No. <b>134</b>																															
				10. Screen: Manufacturer's name <b>W.A. BROWN</b>																															
				Type <b>Punched</b> Dia. <b>12</b>																															
				Slot/gauze <b>10%</b> Length <b>40</b>																															
				Set between <b>121</b> ft. and <b>161</b> ft.																															
				Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 - 5/8</b>																															
				11. Static water level: <input type="checkbox"/> mo./day/yr.																															
				<b>115</b> ft. below land surface Date <b>5-30-75</b>																															
				12. Pumping level below land surfaces:																															
				____ ft. after ____ hrs. pumping ____ g.p.m.																															
				____ ft. after ____ hrs. pumping ____ g.p.m.																															
				Estimated maximum yield <b>300</b> g.p.m.																															
				13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date																															
				14. Well head completion: <input type="checkbox"/> Pitless adapter ____ inches above grade																															
				15. Well grouted? <b>YES</b>																															
				With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete																															
				Depth: From <b>0</b> ft. to <b>10</b> ft.																															
				16. Nearest source of possible contamination: ft. ____ Direction ____ Type ____																															
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																															
				17. Pump: <input type="checkbox"/> Not installed																															
				Manufacturer's name <b>VALLEY</b>																															
				Model number <b>D110</b> HP <b>30</b> Volts <b>740</b>																															
				Length of drop pipe <b>150</b> ft. capacity <b>250</b> 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																															
18. Elevation:		19. Remarks:		20. Water well contractor's certification:																															
Topography:				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.																															
<input type="checkbox"/> Hill				<b>WHINERY DRILLING</b> License No. <b>256</b>																															
<input type="checkbox"/> Slope				Business name <b>405 Antelope Scott City</b>																															
<input type="checkbox"/> Upland				Address <b>John Whinery</b> Date <b>7-27-75</b>																															
<input type="checkbox"/> Valley				Signed <b>John Whinery</b> Authorized representative																															

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

Form WWC-5

T 17  
 R 28  
 Sec 17  
 NW 1/4 SW 1/4