

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 NW 1/4 NW 1/4 NW 1/4	Section number 8	Township number T 17 S R 36 E 10	Range number
2. Distance and direction from nearest town or city: 8N, 2E of Leoti, Kansas			3. Owner of well: Whitham Farms R.R. or street: Box Q 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>200</u> ft. <u>10-25-76</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	45	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>200</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>188</u>		
Gyp		45	51	10. Screen: Manufacturer's name <u>Johnson & Free Flow</u> Type <u>Galv. & Prime Steel</u> <u>16</u> in. Slot gauge <u>100 & 125</u> Length <u>40</u> ft. Set between <u>160</u> ft. and <u>200</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>3/4-1/4</u> in.		
Clay		51	71	11. Static water level: _____ mo./day/yr. <u>143</u> ft. below land surface Date <u>10-13-76</u>		
Fine sd clay		71	118	12. Pumping level below land surfaces: <u>170</u> ft. after <u>4</u> hrs. pumping <u>300</u> g.p.m. <u>185</u> ft. after <u>4</u> hrs. pumping <u>450</u> g.p.m. Estimated maximum yield <u>450</u> g.p.m.		
Med sd		118	125	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Sd rock		125	127	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade		
Fine sd clay		127	167	15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
Fine sd		167	174	16. Nearest source of possible contamination: <u>Feed Lot</u> ft. <u>10560</u> Direction <u>W</u> Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Fine sd clay		174	182	17. Pump: _____ Not installed Manufacturer's name <u>Byron-Jackson</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>185</u> ft. capacity <u>450</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		182	190	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 232 Business name License No. Address <u>Scott City, KS 67871</u> Signature _____ Authorized Representative <u>11-5-76</u>		
Yellow		190	193	18. Elevation:		
Shale		193	195	19. Remarks:		
(Use a second sheet if needed)						
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5