

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 SW 1/4 SW 1/4 NW 1/4	Section number 14	Township number T 17 S R 36	Range number 36
2. Distance and direction from nearest town or city: Leoti, KS 3 miles E, 5 miles N, 2 miles E, 1 1/2 miles Street address of well location if in city: N, well on E side of road			3. Owner of well: Hallie Schwindt R.R. or street: City, state, zip code: Marienthal, KS 67863			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 22 in. Completion date 3-31-78 Well depth 202 ft.		
				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 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		
Dirt & clay, some gyp		0	20	9. Casing: Material _____ Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. 12 in. to 162 ft. depth Wall Thickness _____ inches or Dia. _____ in. to _____ ft. depth Gauge No. Q188		
Gyp with some sand streaks		20	60	10. Screen: Manufacturer's name N. A. Brown Type punched Dia. 12" Slot/gauze 17 1/2 Length 40 Set between 163 ft. and 202 ft. _____ ft. and _____ ft. Gravel pack? yes Size range of material 1" down		
Gyp		60	66	11. Static water level: _____ mo./day/yr. 120 ft. below land surface Date Mar 78		
Sand		66	72	12. Pumping level below land surfaces: 200 ft. after 5 hrs. pumping 500 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 500 g.p.m.		
Gyp		72	77	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Rock		77	80	14. Well head completion: <input type="checkbox"/> Pitless adapter 13 inches above grade		
Sand, clay streaks		80	100	15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
Gravel		100	112	16. Nearest source of possible contamination: edge of irrigated field ft. _____ Direction _____ type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Sand, with clay streaks		112	122	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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		
Sand		122	128	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. ABC Drilling, Inc. 246 Business name _____ license No. _____ Address Scott City, KS 67871 Signed Sylvia H. Ross Date 4-10-78 Authorized representative		
Clay		128	132			
Sand		132	192			
Sand with clay streaks		192	200			
Yellow clay		200	202			
Blue shale		202				
(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						

17 360 14
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Forward the white, blue, and pink copies to the Department of Health and Environment

Form WWC-5