

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>S/W 1/4 S/W 1/4 S/E 1/4</b>	Section number <b>16</b>	Township number <b>T 17 S R 36 #E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>2 1/2 E, 6 N, 1/2 E. of Leoti, Kansas</b> Street address of well location if in city:			3. Owner of well: <b>Donald Lee</b> R.R. or street: <b>Marienthal, Kansas 67871</b> City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: <b>Farmstead well</b> <b>X ----- 2600' ----- X</b>		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>115</u> ft. <u>8-14-1978</u>	
5. Type and color of material		From		To	
		clay		0 16	
		fine sand clay		16 25	
		sand coarse		25 48	
		clay		48 50	
		sand coarse		50 60	
		sand fine		60 70	
		fine sand clay		70 77	
		sand fine to med.		77 101	
		sand coarse		101 112	
yellow		112 115		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	
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				9. Casing: Material <u>Plastic</u> Height: Above or below Threaded _____ Welded <u>Glue</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight <u>1.0</u> lbs./ft. Dia. <u>5</u> in. to _____ in. depth Wall Thickness: inches or Dia. _____ in. to <u>95</u> ft. depth Gage No. <u>250</u>	
				10. Screen: Manufacturer's name <u>Jess &amp; Lowell</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/16"</u> Length <u>20'</u> Set between <u>95</u> ft. and <u>115</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/2 X 1/8"</u>	
				11. Static water level: _____ mo./day/yr. <u>50</u> ft. below land surface Date <u>8-12-78</u>	
				12. Pumping level below land surfaces: <u>55</u> ft. after <u>1</u> hrs. pumping <u>4</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>4</u> g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade	
				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>15</u> ft.	
				16. Nearest source of possible contamination: ft. <u>2600</u> Direction <u>West</u> Type <u>Farmstead</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: _____ Not installed Manufacturer's name <u>Aermotor windmill</u> Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity <u>4</u> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input checked="" type="checkbox"/> Centrifugal <u>cylinder</u> <input type="checkbox"/> Other	
				(Use a second sheet if needed)	
18. Elevation:	19. Remarks:		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 &amp; Sup. 232</b> Business name License No. _____ Address <u>Scott City, Mo. 67871</u> Signature <u>[Signature]</u> Date <u>8-19-78</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

17 360 16 SWSUSE 1/4 1/4 8/14

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

Form WWC-5