

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>SW 1/4 SW 1/4 SE 1/4</b>	Section number <b>24</b>	Township number <b>T 17 S R 37 E</b>	Range number <b>37</b>
2. Distance and direction from nearest town or city: <b>5N, 1/2E of</b>				3. Owner of well: <b>Gerstberger Bros.</b>		
Street address of well location if in city: <b>Leoti, KS</b>				R.R. or street:		
				City, state, zip code: <b>Leoti, KS 67861</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>26</b> in. Completion date _____		
				Well depth <b>181</b> ft. <b>3-8-76</b>		
				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	14	9. Casing: Material <b>Steel</b> Height: <b>Above</b> or below _____ Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>10</b> in. RMP _____ PVC _____ Weight <b>31.67</b> lbs./ft. Dia. <b>16</b> in. to <b>181</b> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <b>188</b>		
Gyp		14	25	10. Screen: Manufacturer's name <b>Johnson &amp; Free Flow</b> Type <b>Galv. &amp; Prime Steel</b> Dia. <b>16</b> in. Cloth gauze <b>100 &amp; 125</b> Length <b>30</b> ft. Set between <b>151</b> ft. and <b>181</b> ft. _____ ft. and _____ ft. Gravel pack? <b>yes</b> Size range of material <b>3/4-4</b>		
Rock H		25	27	11. Static water level: _____ mo./day/yr. <b>117</b> ft. below land surface Date <b>11-17-75</b>		
Gyp		27	36	12. Pumping level below land surfaces: <b>167</b> ft. after <b>4</b> hrs. pumping <b>710</b> g.p.m. <b>171</b> ft. after <b>4</b> hrs. pumping <b>260</b> g.p.m. Estimated maximum yield <b>260</b> g.p.m.		
Sdy clay		36	57	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Sd rock		57	62	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade		
Sdy clay T		65	107	15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite _____ Concrete _____ Depth: From <b>0</b> ft. to <b>25</b> ft.		
Sd coarse		107	111	16. Nearest source of possible contamination: <b>Feed Lot</b> ft. <b>5280</b> Direction <b>N</b> Type <b>Lot</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____		
Fine sd clay		111	155	17. Pump: _____ Not installed Manufacturer's name <b>Western Land Roller</b> Model number <b>GE</b> HP <b>50</b> Volts <b>460</b> Length of drop pipe <b>170</b> ft. capacity <b>260</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		
Fine sd		155	167			
Sd coarse		167	179			
Clay yellow		179	180			
(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>Welshaar Drilling</b> 232 Business name _____ License No. _____ Address <b>Leoti City, KS 67871</b> Signature _____ Date <b>7-20-76</b> Authorized representative		
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