

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 NE 1/4 SW 1/4</b>	Section number <b>1</b>	Township number <b>T 17 S R 38 E</b>	Range number <b>38 EW</b>
2. Distance and direction from nearest town or city: <b>9N, 6W, 3/4S, 1/4E</b>			3. Owner of well: <b>John Eder</b>			
Street address of well location if in city: <b>of Leoti, Kansas</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. <u>9</u> in. Completion date <u>9-2-76</u> Well depth <u>163</u> ft.		
		<p style="text-align: center;">N</p> <p style="text-align: center;">Well</p> <p style="text-align: center;">3/4 mi.</p> <p style="text-align: center;">Septic</p> <p style="text-align: center;">S</p>		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		
5. Type and color of material		From	To	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		
Clay		0	15	9. Casing: Material <u>Plas</u> Height: <u>above</u> or below Threaded <input type="checkbox"/> Welded <u>Glue</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.8</u> lbs./ft. Dia. <u>5</u> in. to <u>143</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>143</u> ft. depth gage No. <u>250</u>		
Sd coarse		15	23	10. Screen: Manufacturer's name <u>Jess &amp; Lowell</u> Type <u>RMP</u> Dia. <u>5 in.</u> <u>Slo</u> gauze <u>1/16</u> Length <u>20 ft.</u> Set between <u>143</u> ft. and <u>163</u> ft. ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8</u>		
Clay sdy		23	55	11. Static water level: _____ mo./day/yr. <u>92</u> ft. below land surface Date <u>9-2-76</u>		
SD rock		55	60	12. Pumping level below land surfaces: <u>NA</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
Clay		60	85	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Fine sd clay		85	100	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
Sd rock		100	103	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.		
Fine sd clay		103	127	16. Nearest source of possible contamination: ft. <u>3960</u> Direction <u>SE</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Sd coarse		127	151	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 type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
Clay yellow		151	160	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</b> 232 Business name _____ License No. _____ Address <u>Scott City, KS 67871</u> Signature _____ Date <u>9-30-76</u> Authorized Representative _____		
Clay yellow		160	163			
(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 type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

17. 38 E 1- SW NE SW

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

Form WWC-5