

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 S/E 1/4 S/E 1/4 S/E 1/4	Section number 20	Township number T 17 S R	Range number 38 #E/W
2. Distance and direction from nearest town or city: 5 North of Selkirk, Kansas Street address of well location if in city:			3. Owner of well: Frank Wedel R.R. or street: Looti, Kansas 67861 City, state, zip code:			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>175</u> ft. <u>6/15/1978</u>	
<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 20px;"> <p>N</p> <p>W E</p> <p>S</p> <p>1 Mile</p> </div> <div style="margin-left: 20px;"> <p style="text-align: center;">X septic</p> <p style="text-align: center;">150'</p> <p style="text-align: center;">X well</p> </div> </div>					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					8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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	
					9. Casing: Material <u>Plast</u> Height: Above or below Threaded _____ Welded <u>glue</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight <u>1.8</u> lbs./ft. Dia. <u>5</u> in. to <u>155</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.250</u>	
					10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/16"</u> Length <u>20'</u> Set between <u>155</u> ft. and <u>175</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>137</u> ft. below land surface Date <u>5-13-78</u>	
					12. Pumping level below land surfaces: <u>145</u> ft. after <u>2</u> hrs. pumping <u>18</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>18</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 checked="" 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>150</u> Direction <u>N/E</u> Type <u>septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Red Jacket</u> Model number <u>H1CC 1/2</u> HP-1/2 Volts <u>230</u> Length of drop pipe <u>170</u> ft. capacity <u>18</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
					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 & Sup. 232 Business name _____ License No. _____ Address <u>Scott City, KS 67871</u> Signed _____ Date <u>6/16/78</u> Authorized Representative	
18. Elevation:		19. Remarks:				
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