

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>SE 1/4 SE 1/4 NE 1/4</b>	Section number <b>34</b>	Township number T <b>17</b> S	Range number R <b>38</b> E <b>(W)</b>
2. Distance and direction from nearest town or city: <b>6W, 2N, 1W, 1 1/2 N</b>			3. Owner of well: <b>Frank Whitham</b>			
Street address of well location if in city: <b>of Leoti, KS</b>			R.R. or street: <b>Box Q</b>			
			City, state, zip code: <b>Leoti, KS 67861</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>26</u> in. Completion date _____ Well depth <u>194</u> ft. <u>12-31-74</u>		
				7. <input type="checkbox"/> 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 checked="" type="checkbox"/> Reverse rotary		
				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		
5. Type and color of material		From	To	9. Casing: Material <u>Steel</u> Height: <u>Above</u> or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>10 30</u> in. RMP _____ PVC _____ Weight <u>31.67</u> lbs./ft. Dia. <u>16</u> in. to <u>194</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>188</u>		
Clay		0	21	10. Screen: Manufacturer's name <u>Johnson</u> <u>&amp; Free Flow</u> Type <u>Galv. &amp; Prime Steel</u> <u>16</u> in. Low gauze <u>100 &amp; 125</u> Length <u>40</u> ft. Set between <u>154</u> ft. and <u>194</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> <u>yes</u> Size range of material <u>4x5/8x1</u>		
Gyp		21	31	11. Static water level: _____ mo./day/yr. <u>125</u> ft. below land surface Date <u>10-14-74</u>		
Clay		31	47	12. Pumping level below land surfaces: <u>153</u> ft. after <u>4</u> hrs. pumping <u>550</u> g.p.m. <u>155</u> ft. after <u>4</u> hrs. pumping <u>560</u> g.p.m. Estimated maximum yield <u>560</u>		
Sd coarse		47	57	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Sd rock H		57	61	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>30</u> inches above grade		
Sd coarse T		61	70	15. Well grouted? <input checked="" type="checkbox"/> <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>20</u> ft.		
Clay		70	88	16. Nearest source of possible contamination: <u>Feed Lot</u> ft. <u>100</u> Direction <u>W</u> Type <u>Lot</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Fine sd clay		88	133	17. Pump: _____ Not installed Manufacturer's name <u>Goulds</u> Model number <u>UH660L34</u> HP <u>30</u> Volts <u>460</u> Length of drop pipe <u>181</u> ft. capacity <u>560</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		
Sd coarse		133	140			
Sd rock		140	143			
Sd coarse		143	162			
Clay		162	167			
Sd coarse		167	168			
Clay		168	181			
Sd coarse		181	187			
Clay yellow (Use a second sheet if needed)		187	195			
18. Elevation:	19. Remarks: <u>Shale</u>		195	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. <u>Weishaar Drilling</u> <u>232</u> Business name License No. Address <u>State City, KS 67871</u> Signed <u>[Signature]</u> Authorized representative <u>7-19-76</u>		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

17 38 E  
R  
34  
SESENE  
1/4 1/4 1/4

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

Form WWC-5