

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/W 1/4 N/W 1/4 S/E 1/4	Section number 13	Township number T 18 S	Range number R 36	##W
2. Distance and direction from nearest town or city: 1 3/4 West of Marienthal, Kansas Street address of well location if in city:				3. Owner of well: Claude Tankersley R.R. or street: Leoti, 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>135</u> ft. <u>10-25-1977</u>		
					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		
5. Type and color of material		From	To	9. Casing: Material <u>Plastic</u> Weight: Above or below Threaded _____ Welded <u>glue</u> Surface <u>14</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight <u>1.8</u> lbs./ft. Dia. <u>5</u> in. to <u>105</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u>			
Clay		0	18	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>30'</u> Set between <u>105</u> ft. and <u>135</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8"</u>			
Gyp		18	27	11. Static water level: _____ mo./day/yr. <u>86</u> ft. below land surface Date <u>10-20-77</u>			
Sand rock H		27	32	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.			
Sand coarse		32	50	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			
Sand rock		50	68	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>14</u> Inches above grade			
Fine sand clay		68	80	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.			
Sand coarse		80	87	16. Nearest source of possible contamination: ft. <u>2800</u> Direction <u>S/E</u> Type <u>cesspool</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Fine sand clay		87	106	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			
Sand rock		127	129	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 & Supply 232 Business name _____ License No. _____ Address <u>Scott City, Ks. 67871</u> Signed <u>[Signature]</u> Date <u>10/26</u> Authorized Representative			
Fine sand clay		129	132				
Clay yellow		132	135	(Use a second sheet if needed)			
Shale		135					
18. Elevation:		19. Remarks:		Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input 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