

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

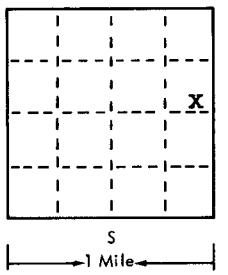
LEOTI

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. of Health
(Water Well Contractors)
Forbes-Bldg, 740
Topeka, Kansas 66620

ALD

1 Location of well: Wichita	County	Township name Leoti	Fraction SE - N/E	Section number 23	Town number 18	Range number 36
Distance and direction from nearest town or city: 5E, $\frac{1}{2}$ S of Leoti, KS			3 Owner of well: Tony Binns Address: Leoti, KS			
Locate with "X" in section below: 			Sketch map:			
<p>4 Well depth: <u>145</u> ft. Date of completion <u>1-18-75</u> Well diameter <u>9</u> in.</p> <p>5 <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</p> <p>6 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"/> Commercial <input type="checkbox"/> Test well</p> <p>7 Casing: Material <u>Plas</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>5</u> in. to <u>125</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>1.8</u> lbs./ft. <u>5</u> in. to <u>125</u> ft. depth</p> <p>8 Screen: Manufacturer <u>Jess & Lowell</u> Type <u>Plastic</u> Dia. <u>5</u> Slot/gauze _____ Length _____ Set between <u>125</u> ft. and <u>145</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>#1</u></p> <p>9 Static water level: <u>83</u> ft. below land surface Date <u>1-18-75</u></p> <p>10 Pumping level below land surfaces: <u>93</u> ft. after <u>1</u> hrs. pumping <u>20</u> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.</p> <p>11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____</p> <p>12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade</p> <p>13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>15</u> ft.</p> <p>14 Nearest source of possible contamination: ft. <u>500</u> Direction <u>SE</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Red Jacket</u> Model number <u>150N1</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>137</u> ft. capacity <u>20</u> g.m.p. 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</p> <p>16 Remarks: elevation <u>BROCK 142'</u> <u>3230 (TOP)</u></p> <p>(use a second sheet if needed)</p> <p>Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley</p> <p>17 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 <u>Scott City, KS 67871</u> License No. _____ Address _____ Signed _____ Date <u>5-29-75</u> Authorized Representative _____</p>						

Forward the white, blue and pink copies to the Kansas State Dept. of Health.

Form WWC-5