

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 NE 1/4 SW 1/4 NW 1/4	Section number 27	Township number T 18 S	Range number R 36 E
2. Distance and direction from nearest town or city: 2 1/2 W, 1 1/2 S, 1/2 E, Street address of well location if in city: 1/2 S of Scott City, KS			3. Owner of well: Jess Krenznel R.R. or street: City, state, zip code: Leoti, KS 67861			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>26</u> in. Completion date _____ Well depth <u>150</u> ft. <u>1-20-75</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>10</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>10</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>31.67</u> lbs./ft. Dia. <u>16</u> in. to <u>150</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.188</u>		
Clay		0	20	10. Screen: Manufacturer's name _____ <u>Free Flow</u> Type <u>Prime Steel</u> Dia. <u>16 in.</u> <input checked="" type="checkbox"/> gauze <u>.125</u> Length <u>30 ft.</u> Set between <u>120</u> ft. and <u>150</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/4 x 5/8 x 1</u>		
Sd rock		20	30	11. Static water level: _____ mo./day/yr. <u>75</u> ft. below land surface Date <u>12-3-74</u>		
Sd coarse		30	55	12. Pumping level below land surfaces: <u>122</u> ft. after <u>4</u> hrs. pumping <u>710</u> g.p.m. <u>128</u> ft. after <u>4</u> hrs. pumping <u>730</u> g.p.m. Estimated maximum yield <u>730</u> g.p.m.		
Sd rock		55	56	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Fine sd clay		56	69	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
Sd rock		69	74	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>15</u> ft.		
Sd coarse		74	85	16. Nearest source of possible contamination: ft. <u>5280</u> Direction <u>NW</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Fine sd clay		85	120	17. Pump: _____ Not installed Manufacturer's name <u>Western Land Roller</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>140</u> ft. capacity <u>730</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
Sd coarse		120	147	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>Scott City, KS 67871</u> Signed <u>[Signature]</u> Date <u>7-19-76</u> Authorized representative		
Yellow		147	153			
Shale		153	155			
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5