

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>NW 1/4 NW 1/4 NE 1/4</b>	Section number <b>28</b>	Township number <b>T 18 S R 36 E</b>	Range number <b>36</b>
2. Distance and direction from nearest town or city: <b>2E, 1S, 1/2E of</b>			3. Owner of well: <b>Zelma Burch</b>			
Street address of well location if in city: <b>Leoti, Kansas</b>			R.R. or street: <b>Box 438</b>			
			City, state, zip code: <b>Syracuse, KS 67878</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>8-18-77</u>		
				Well depth <u>162</u> ft.		
				7. 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 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>Plas</u> Height Above or below Threaded <input type="checkbox"/> Welded <u>Glues</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.8</u> lbs./ft. Dia. <u>5</u> in. to <u>142</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>142</u> ft. depth gage No. <u>250</u>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>Jess &amp; Lowell</u>		
Clay		0	40	Type <u>RMP</u> Dia. <u>5 in.</u>		
Sd coarse		40	58	Slot gauge <u>1/16</u> Length <u>20 ft.</u>		
Gyp		58	68	Set between <u>142</u> ft. and <u>162</u> ft.		
Clay		68	75	Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8</u>		
Sd rock		75	78	11. Static water level: <u>102</u> ft. below land surface Date <u>8-8-77</u>		
Clay		78	86	12. Pumping level below land surfaces: <u>112</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m.		
Sd rock		86	88	<u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m.		
Clay 'sdy'		88	105	Estimated maximum yield <u>10</u> g.p.m.		
Fine sd		105	115	13. Water sample submitted: <u>      </u> mo./day/yr.		
Sd coarse		115	120	<u>      </u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>      </u>		
Clay		120	131	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
Sd coarse		131	160	15. Well grouted? <u>yes</u>		
Yellow		160	162	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>100</u> Direction <u>NE</u> Type <u>Septic</u>		
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <u>Not installed</u>		
				Manufacturer's name <u>Goulds</u>		
				Model number <u>      </u> HP <u>3/4</u> Volts <u>220</u>		
				Length of drop pipe <u>150</u> ft. capacity <u>10</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		
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				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. <u>      </u>		
				Address <u>      </u>		
				Signed <u>      </u> Date <u>8-24-77</u>		
				Authorized representative <u>      </u>		

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

Form WWC-5