

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

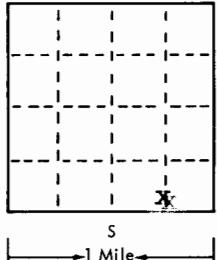
LEOTI SW

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

DJD

1 Location of well:	County Wichita	Township name Whitewoman <i>SE</i>	Fraction <i>SW 1/4 SE 1/4</i>	Section number 26	Town number 19	Range number 38
Distance and direction from nearest town or city: 6S, 3W of Leoti, KS			3 Owner of well: Ed Dierks Address: Leoti, KS 67861			
Locate with "X" in section below: 						
Sketch map: 						
4 Well depth: <u>165</u> ft. Date of completion <u>6-11-75</u> Well diameter <u>9</u> in.						
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						
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						
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. Weight <u>1.8</u> lbs./ft. 5 in. to <u>145</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No in. to <u>145</u> ft. depth						
8 Screen: Manufacturer <u>Sunflower</u> Type <u>Plastic</u> Dia. <u>5</u> Slot/gauze _____ Length _____ Set between <u>145</u> ft. and <u>165</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material #1						
9 Static water level: <u>70</u> ft. below land surface Date <u>6-11-75</u>						
10 Pumping level below land surfaces: NA _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.						
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____						
12 Well head completion: NA <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade						
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.						
14 Nearest source of possible contamination: ft. <u>300</u> Direction <u>N</u> Type <u>Pond</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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						
16 Remarks: elevation Clay <u>143</u> <u>149</u> Yellow <u>149</u> <u>161</u> Sd coarse <u>161</u> <u>162</u> Clay <u>162</u> <u>167</u> Shale <u>167</u> <u>170</u> (use a second sheet if needed)						
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. Weishaar Drilling <u>232</u> Business name _____ License No. _____ Address <u>Scott City, KS 67821</u> Signed _____ Date <u>7-22-75</u> Authorized representative _____						

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

Form WWC-5

3364 (TOP)