

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

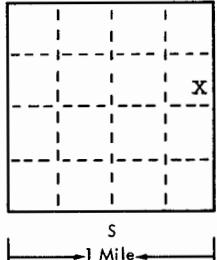
LEOTI SW

□□□□
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

ADD

1 Location of well:	County Wichita	Township name Whitewoman SE SE-NE	Fraction	Section number 36	Town number 19	Range number 38
Distance and direction from nearest town or city: 8S, 6W of Leoti, KS			3 Owner of well: Ed Dierks Address: Leoti, KS 67861			
Locate with "X" in section below: 						
Sketch map: 						
4 Well depth: 115 ft. Date of completion 6-10-75 Well diameter 9 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 Plas. Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Digm. 5 in. to 95 ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Weight 1.8 lbs./ft.						
8 Screen: Manufacturer Sunflower Type Plastic Dia. 5 Slot/gauze Length Set between 95 ft. and 115 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material #1						
9 Static water level: 60 ft. below land surface Date 6-10-75						
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 type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 15 ft.						
14 Nearest source of possible contamination: ft. 600 Direction NE Type Silo 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 3376 (TOPO)						
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						
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. Weihsaer Drilling 232 Business name Scott _____, KS 67871 License No. Address _____ Signed _____ Date 7-21-75 Authorized representative _____						