

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 SW 1/4 NW 1/4 SW 1/4	Section number 5	Township number T 20 S R 37	Range number 37
2. Distance and direction from nearest town or city: 5 1/2 S, 4 W, 3 S, 1 W, Street address of well location if in city: 3/4 S of Leoti, Kansas			3. Owner of well: Keith Appl 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>9</u> in. Completion date _____ Well depth <u>150</u> ft. <u>9-30-76</u>		
				7. <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		
5. Type and color of material		From	To	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		
Clay		0	22	9. Casing: Material <u>Plas.</u> Height <u>Above</u> or below Threaded _____ Welded <u>Clue</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight <u>1.8</u> lbs./ft. Dia. <u>5</u> in. to <u>130</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>250</u>		
Rock h		22	24	10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>5 in.</u> <input checked="" type="checkbox"/> Slot gauze <u>1/16</u> Length <u>20 ft.</u> Set between <u>130</u> ft. and <u>150</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8</u>		
Clay		24	42	11. Static water level: _____ mo./day/yr. <u>100</u> ft. below land surface Date <u>9-29-76</u>		
Sd rock		42	46	12. Pumping level below land surfaces: <u>110</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> g.p.m.		
Sdy clay T		46	89	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Fine sd clay		89	96	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
Sd coarse		96	111	15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>15</u> ft.		
Fine sd clay		111	135	16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>NW</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____		
Sd rock		135	136	17. Pump: _____ Not installed Manufacturer's name <u>Red Jacket</u> Model number <u>75T1</u> HP <u>3/4</u> Volts <u>220</u> Length of drop pipe <u>145</u> ft. capacity <u>10</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ <input type="checkbox"/> Jet _____ Reciprocating _____ <input type="checkbox"/> Centrifugal _____ Other _____		
Sd fine		136	138	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>Leoti City, KS 67871</u> Signature _____ Date _____ Authorized Representative <u>9-30-76</u>		
Sd rock		138	140			
Fine sd clay		140	145			
Sd rock		145	147			
Sd coarse		147	150			
Clay yellow		150	155			
Shale		155				
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		(Use a second sheet if needed)				

20
 32
 5
 Sec
 1/4 1/4 1/4
 SW NW SE

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

Form WWC-5