

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

LEOTI 3NW

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

ACD

1. Location of well:		County Kearny	Fraction SE 1/4 SW 1/4 NE 1/4	Section number 18	Township number T 22 S R 37 E	Range number 37
2. Distance and direction from nearest town or city: Street address of well location if in city:		10 W 1 1/2 N 3/4 E Lakin, Ks		3. Owner of well: Ray Sonderegger R.R. or street: Rte 2 City, state, zip code: Leoti, Kansas 67861		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: 		6. Bore hole dia. 2 1/4 in. Completion date _____ Well depth 162 ft. 6-10-77		
5. Type and color of material		From	To	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		
				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		
				9. Casing: Material Steel Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface 12 in. RMP _____ PVC _____ Weight 36.86 lbs./ft. Dia. 16 in. to 162 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 219		
				10. Screen: Manufacturer's name _____ Lakewood Type Millslot Dia. 16" <input checked="" type="checkbox"/> Slot/gauze 1/8 X 2 Length 53 Set between 109 ft. and 162 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material 1/4 X 1/8		
				11. Static water level: _____ mo./day/yr. 126 ft. below land surface Date _____		
				12. Pumping level below land surfaces: 157 ft. after 5 hrs. pumping 165 g.p.m. _____ ft. after _____ hrs. pumping 165 g.p.m. Estimated maximum yield _____ g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: NA ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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		
18. Elevation:		(Use a second sheet if needed)		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.		
19. Remarks: 3286 (TOPO)				High Plains Drilling & Supply, Inc. 136A Business name _____ License No. _____ Address 402 N 3rd Garden City, Signed Be D. Harbress Date 6-15-77 Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				22 22 370 18 SE SW NE T R Sec 1/4 1/4 1/4		

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

Form WWC-5