

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

PENKE NW

WATER WELL RECORD
KSA 82a-1201-1215

ADA

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

| | | | | | | |
|--|--------------------------|-----------------------------------|------------------------------------|---|--------------------------|---|
| 1 Location of well: | County Wichita | Township name NE-SE N/E | Fraction 2E, 13 1/2 N of | Section number 10 | Town number 16 | Range number 35 |
| Distance and direction from nearest town or city: Marienthal, KS | | | | 3 Owner of well: Conrad Kough Address: Scott City, KS | | |
| Locate with "X" in section below: N W E S 1 Mile | | | | Sketch map: 4 Well depth: 135 ft. Date of completion 3-14-75 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 <input type="checkbox"/> 7 Casing: Material Plas Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 5 in. to 115 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth | | |
| 2 Type and color of material | | | | From | To | 8 Screen: Manufacturer Jess & Lowell Type Plastic Dia. 5 Slot/gauze _____ Length _____ Set between 115 ft. and 135 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material #1 |
| Clay | | | | 0 | 30 | 9 Static water level: 80 ft. below land surface Date 3-14-75 |
| Gyp | | | | 30 | 60 | 10 Pumping level below land surfaces: 90 ft. after 1 hrs. pumping 10 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 10 g.p.m. |
| Rock H | | | | 60 | 63 | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ |
| Clay | | | | 63 | 97 | 12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade |
| Sdy clay T | | | | 97 | 107 | 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 0 ft. to 15 ft. |
| Sd med | | | | 107 | 110 | 14 Nearest source of possible contamination: ft. 500 Direction SE Type Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Sd rock | | | | 110 | 113 | 15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Red Jacket Model number 100N1 HP 1 Volts 230 Length of drop pipe 120 ft. capacity 10 g.m.p. 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 |
| Fine sd clay T | | | | 113 | 122 | 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 232 Business name License No. Address Scott City, KS 67871 Signed [Signature] Date 5-29-75 Authorized representative |
| Sd coarse | | | | 122 | 125 | |
| Fine sd clay | | | | 125 | 130 | |
| Clay yellow | | | | 130 | 135 | |
| Shale | | | | 135 | | |
| BROCK 130' | | | | | | |
| (use a second sheet if needed) | | | | | | |
| 16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | 3168 (TOPO) | | |

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

Form WWC-5