

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
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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 <b>Wichita</b>	Fraction <b>NW 1/4 NW 1/4 NW 1/4</b>	Section number <b>20</b>	Township number <b>T 16 S</b>	Range number <b>R 35 E</b>
2. Distance and direction from nearest town or city: <b>11 1/2 N of</b>			3. Owner of well: <b>Francis Miller</b>			
Street address of well location if in city: <b>Marienthal, KS</b>			R.R. or street: City, state, zip code: <b>Marienthal, KS 67863</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>4-22-76</u> Well depth <u>185</u> ft.		
		<b>Shed</b> <b>Chicken House</b>		7. <input checked="" 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		20		9. Casing: Material <u>Plas</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>Glue</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.8</u> lbs./ft. Dia. <u>5</u> in. to <u>165</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>165</u> ft. depth gage No. <u>250</u>
Gyp		20		34		10. Screen: Manufacturer's name <u>Jess &amp; Lowell</u> Type <u>RMP</u> Dia. <u>5</u> in. <input checked="" type="checkbox"/> Gauze <u>1/16</u> Length <u>20</u> ft. Set between <u>165</u> ft. and <u>185</u> ft. ft. and <u>185</u> ft.
Med sd		34		37		Gravel pack? <u>yes</u> Size range of material <u>4-1/8</u>
Sdy clay		37		43		11. Static water level: <u>147</u> ft. below land surface Date <u>4-8-76</u> mo./day/yr.
Sd coarse		43		47		12. Pumping level below land surfaces: <u>157</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. Estimated maximum yield <u>10</u> g.p.m.
Sd rock		47		48		13. Water sample submitted: <u>   </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>   </u>
Clay		48		68		14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade
Sdy clay		68		76		15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>15</u> ft.
Fine sd clay		76		86		16. Nearest source of possible contamination: <u>Feed</u> ft. <u>300</u> Direction <u>SW</u> Type <u>Lot</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clay		86		94		17. Pump: <u>   </u> Not installed Manufacturer's name <u>Red Jacket</u> Model number <u>100N1</u> HP <u>1</u> Volts <u>220</u> Length of drop pipe <u>181</u> ft. capacity <u>10</u> g.p.m. 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		94		102		
Sd coarse		102		112		
Fine sd clay		112		177		
Sd coarse		177		180		
Clay yellow		180		185		
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:		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 <u>Scott City, KS 67871</u> License No. <u>   </u> Address <u>   </u> Date <u>5-13-76</u> Signature <u>   </u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5