

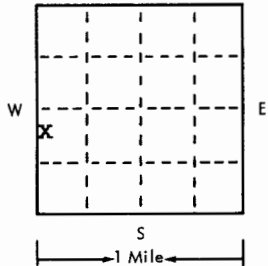
USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

PENSE NW

WATER WELL RECORD  
KSA 82a-1201-1215

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 <b>Wichita</b>	Township name <b>Edwards NW-NE S/W</b>	Fraction	Section number <b>27</b>	Town number <b>16</b>	Range number <b>35</b>
Distance and direction from nearest town or city: <b>2E, 10 1/2 N of</b>				3 Owner of well: <b>Earl Wiles</b>		
Street address of well location if in city: <b>Marienthal, KS</b>				Address: <b>Marienthal, KS</b>		
Locate with "X" in section below: N  W E S 1 Mile				4 Well depth: <b>185</b> ft. Date of completion <b>5-16-75</b> Well diameter <b>9</b> in.		
2 Type and color of material				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		
From To				7 Casing: Material <b>Plas.</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>5</b> in. to <b>165</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
				8 Screen: Manufacturer <b>Jess &amp; Lowell</b> Type <b>Plastic</b> Dia. <b>5</b> Slot/gauze _____ Length _____ Set between <b>165</b> ft. and <b>185</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>#1</b>		
Clay				0	29	9 Static water level: <b>139</b> ft. below land surface Date <b>5-16-75</b>
Gyp				29	33	10 Pumping level below land surfaces: <b>149</b> ft. after <b>1</b> hrs. pumping <b>20</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>20</b> g.p.m.
Fine sd clay				33	42	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Clay				42	67	12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
Fine sd clay				67	88	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 <b>0</b> ft. to <b>15</b> ft.
Clay				88	125	14 Nearest source of possible contamination: ft. <b>400</b> Direction <b>NE</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fine sd clay				125	135	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Red Jacket</b> Model number <b>200T1</b> HP <b>2</b> Volts <b>230</b> Length of drop pipe <b>160</b> ft. capacity <b>20</b> 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
Sd coarse				135	141	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. <b>Weishaar Drilling</b> <b>232</b> Business name _____ License No. _____ Address <b>Spout City, KS 67871</b> Signature _____ Date <b>5-29-75</b> Authorized representative
Fine sd clay				141	164	
Clay				164	177	
Sd				177	181	
Clay yellow				181	185	
Shale				185		
BROCK 181'						
(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  <b>3201 (TOPO)</b>						

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

Form WWC-5