

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 X NW 1/4 SW 1/4 SE 1/4	Section number 6	Township number T 17 S R 35 EW	Range number
2. Distance and direction from nearest town or city: 8N, 1/2W, 1/4N of			3. Owner of well: Hallie Wilson		
Street address of well location if in city: Marienthal, Kansas			R.R. or street: City, state, zip code: Marienthal, KS 67863		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>115</u> ft. <u>4-27-77</u>	
		<p style="font-size: 2em; font-family: cursive;">X well ↓ 200' Septic</p>		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	30	9. Casing: Material <u>Plas</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Glue 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>95</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>250</u>	
Sd coarse		30	55	10. Screen: Manufacturer's name Jess & Lowell Type <u>RMP</u> Dia. <u>5 in.</u> Slot gauge <u>1/16</u> Length <u>20 ft.</u> Set between <u>95</u> ft. and <u>115</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/4-1/8</u>	
Fine sd		55	99	11. Static water level: _____ mo./day/yr. <u>52</u> ft. below land surface Date <u>4-27-77</u>	
Fine sd clay		99	105	12. Pumping level below land surfaces: <u>NA</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
Sd coarse		105	109	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
Clay yellow		109	115	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
				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.	
				16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>South</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" 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	
				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. Weishaar Drilling 232 Business name _____ License No. _____ Address <u>Scott City, KS 67871</u> Signed <u>[Signature]</u> Date <u>4-28-77</u> Authorized representative <u>4-28-77</u>	
18. Elevation:	19. Remarks: Pump is not installed by us, so don't know pumping level or well head completion.				
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

17 35 W 10 NW 1/4 1/4 1/4

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

Form WWC-5