

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 SW 1/4 NE 1/4 SE 1/4	Section number 7	Township number T 17 S R 35 E	Range number 35 EW
2. Distance and direction from nearest town or city: 7N, 1/4W of Street address of well location if in city: Marienthal, Kansas			3. Owner of well: Earl Wiles 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>4-13-76</u>		
				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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Clay		0	27	9. Casing: Material <u>Plas</u> Height: <u>Above</u> or below Threaded _____ Welded <u>Glue</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC _____ 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 rock		27	35	10. Screen: Manufacturer's name Jess & Lowell Type <u>RMP</u> Dia. <u>5 in</u> Slot/gauze <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>1/8-1/4</u>		
Clay		35	45	11. Static water level: _____ mo./day/yr. <u>55</u> ft. below land surface Date <u>4-1-76</u>		
Sdy clay		45	48	12. Pumping level below land surfaces: <u>65</u> ft. after <u>1</u> hrs. pumping <u>4</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>4</u> g.p.m.		
Sd rock		48	51	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Fine sd clay		51	65	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
Fine sd		65	108	15. Well grouted? <input checked="" type="checkbox"/> Yes 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.		
Sd coarse		108	113	16. Nearest source of possible contamination: ft. <u>2640</u> Direction <u>N</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No		
Clay yellow		113	125	17. Pump: _____ Not installed Manufacturer's name <u>Aermotor</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>110</u> ft. capacity <u>4</u> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input checked="" type="checkbox"/> Centrifugal Windmill <input checked="" type="checkbox"/> Other		
(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. <u>Weishaar Drilling</u> <u>232</u> Business name License No. Address <u>Scott City, KS 67871</u> Signature _____ Date _____ Authorized representative <u>5-13-76</u>		
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

17 35E 7 SW NESE
Sec 1/4 1/4 1/4

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

Form WWC-5