

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 SW 1/4 SE 1/4	Section number 22	Township number T 17 S R 35	Range number EW
2. Distance and direction from nearest town or city: 12W, 3N, 1W, 2N, Street address of well location if in city: 1 1/2 W of Scott City, KS				3. Owner of well: Dwain Meisenheimer R.R. or street: RFD # City, state, zip code: Marienthal, KS 67863		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>26</u> in. Completion date _____ Well depth <u>206</u> ft. <u>10-24-75</u>		
				7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" 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 checked="" 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	50	9. Casing: Material <u>Steel</u> Height: <u>above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>10</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>31.67</u> lbs./ft. Dia. <u>16</u> in. to <u>206</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>188</u>		
Gyp		50	67	10. Screen: Manufacturer's name _____ <u>Johnson</u> Type <u>Galv. Steel</u> Dia. <u>16 in.</u> Slot gauge <u>100</u> Length <u>30 ft.</u> Set between <u>176</u> ft. and <u>206</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>3/4-1</u>		
Fine sd clay		67	121	11. Static water level: _____ mo./day/yr. <u>140</u> ft. below land surface Date <u>10-3-75</u>		
Sd rock		121	124	12. Pumping level below land surfaces: <u>187</u> ft. after <u>4</u> hrs. pumping <u>920</u> g.p.m. <u>192</u> ft. after <u>4</u> hrs. pumping <u>1000</u> g.p.m. Estimated maximum yield <u>1000</u> g.p.m.		
Fine sd clay		124	169	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Clay		169	173	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
Fine sd clay		173	180	15. Well grouted? <u>y</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
Sd coarse		180	199	16. Nearest source of possible contamination: ft. <u>400</u> Direction <u>N</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Yellow		199	205	17. Pump: _____ Not installed Manufacturer's name <u>Layne & Bowler</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>180</u> ft. capacity <u>1000</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
(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 _____ License No. _____ Address <u>Scott City, KS 67871</u> Signed <u>[Signature]</u> Date <u>7-20-76</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

17 35 22 SWSWSF 1/4 1/4 1/4

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

Form WWC-5