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

WATER WELL RECORD KSA 82a-1201-1215

T		T	T	
	<del>-</del>	<del></del>	 sec 1/4	1/4 1/4 No.

Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620

			SWYNI	ESSWS			Topeka, Kansa	
	County	Township name	Fraction		tion numbe	Town numbe	er Range num	ber
1 Location of well:	Wichita	Edwards	S	3	4	17	35	
Distance and direction	on from nearest town or cit	y: .5E .5N	IE 2N	3 Owner of w	:II: <b>\</b>	Peronica	Berning	
Street address of wel	II location if in city: of	Marientha	.1	Address:	Mar	ienthal,	Kansas	
Locate with "X" in s	section below:	Sketch map:	1			4 Well depth: 2	02 ft. Date of comple	etion <u>2-23</u> -76
	1 1 1					5 Cable tool	Rotary Driven	
	! ! !	a A	ļ				Jetted Bored l	
w		Marienthal				·	n Air conditioning	_ '
	 	707		60	_	7 Casing: Materia	Steel   Height: above	
	S Mile					I	Weight 219	7
2	· · · · · · · · · · · · · · · · · · ·	e and color of material		From	То	in. to	. ft. depth!	J res Alvo
soil				0	10	8 Screen:  Manufacturer  Type	WA. Brown	<del>"</del>
clay			·	10	48		Length 26 2 ft. and 202 ft.	0
Rock	9 YP			48		Fittings:	ft. and 202 ft	material —
Sand				55	70	9 Static water level		
clay				70	100	10 Pumping level bel	ow land surfaces:	
sand				100		ft. after	hrs. pumpinghrs. pumping	g.p.m.
Clan				103	105	Estimated maximum  11 Water sample subn	m yield <u>500                                   </u>	1.
Clay Sand				105	107	Yes X		
Sand Clay	<del>1</del>			117		12 Well head comple Pitless adapter		ve grade
Sar	nd			135	137	13 Well grouted?		, e g.uuc
C/Ay San	. d			137		Neat cement	Bentonite	
Sandy c/	A :			141	145		L ft. to 10 ft.	(
J ,	sand			145	150		possible contamination:	уре (
C/ay	end the	ike of oh	_	150	سترا ا	l .	upon completion? Yes	
Clay	/	25 01 272	7	165	171	15 Pump:	X Not install	ed
San				171	175	Manufacturer's na Model number		Volts
Cla	Yellow C	<u>/^</u> >		180	193	1	eft. capacity _	
Blue	shale			192	202	Submersible	Turbine	.   `
	(use	a second sheet if needed)				Certrifugal	☐ Reciprocat	ing
16 Remarks: elevation	on					17 Water well contra		
	· · · · · · · · · · · · · · · · · · ·						ed under my jurisdiction of	l l
Topography:						L. HINEDIA	ne best of my knowledge a	10 Deller,
□нп						Business name	- 1 + /	License No.
Slope						Address 465	Thelope S	cott Cuty, K
Upland Valley						Signed Authori	zed representative	ate ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ
	ue and nink copies to the K	ansas State Dent Of Hea	lth.					Form WWC-5