

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 <b>Wichita</b>	Fraction <b>SW 1/4 NW 1/4 NE 1/4</b>	Section number <b>26</b>	Township number <b>T 17 S R 36 E</b>	Range number <b>36 E</b>
2. Distance and direction from nearest town or city: <b>5N, 2 1/2 W, 3/4 S</b>			3. Owner of well: <b>Mathes-Holman</b>			
Street address of well location if in city: <b>Of Marienthal, KS</b>			R.R. or street: <b>500 El Corto</b>			
			City, state, zip code: <b>Dodge City, KS 67801</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>26</b> in. Completion date _____ Well depth <b>215</b> ft. <b>11-2-74</b>		
				7. Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> <input 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: Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other <input type="checkbox"/>		
Clay		0	27	9. Casing: Material <b>Steel</b> Height <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>10</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>31.67</b> lbs./ft. Dia. <b>16</b> in. to <b>215</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. <b>188</b>		
Gyp		27	50	10. Screen: Manufacturer's name _____ <b>Free Flow</b> Type <b>Prime Steel</b> Dia. <b>16 in.</b> Slot gauge <b>125</b> Length <b>40 ft.</b> Set between <b>175</b> ft. and <b>215</b> ft. _____ ft. and _____ ft.		
Rock H		50	53	Gravel pack? <b>Yes</b> Size range of material <b>3/4 - 1/2</b>		
Clay		53	71	11. Static water level: <b>NA</b> mo./day/yr. _____ ft. below land surface Date _____		
Sd rock		71	75	12. Pumping level below land surfaces: <b>190</b> ft. after <b>4</b> hrs. pumping <b>500</b> g.p.m. <b>195</b> ft. after <b>4</b> hrs. pumping <b>600</b> g.p.m. Estimated maximum yield <b>600</b> g.p.m.		
Clay		75	91	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Sdy clay T		91	160	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade		
Fine sd clay		160	165	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
Clay		165	182	16. Nearest source of possible contamination: ft. <b>2640</b> Direction <b>W</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Sd coarse		182	187	17. Pump: _____ Not installed Manufacturer's name <b>Layne &amp; Bowler</b> Model number <b>US</b> HP <b>30</b> Volts <b>460</b> Length of drop pipe <b>200</b> ft. capacity <b>600</b> 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		
Clay		187	193			
Sd coarse		193	197			
Clay		197	204			
Sd med		204	211			
Clay yellow		211	220			
Shale (Use a second sheet if needed)		220				
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. <b>Weishaar Drilling</b> <b>232</b> Business name _____ License No. _____ Address <b>Scott City, Kansas 67871</b> Signed <b>[Signature]</b> Date <b>7-17-76</b> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 17 S 36 E  
 R 36 W  
 Sec 26  
 1/4 1/4 1/4 1/4  
 SCHEWNE

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

Form WWC-5