

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 S/W 1/4 S/W 1/4 N/W 1/4 Section number 7 Township number T 18 S R 35 #W Range number	
2. Distance and direction from nearest town or city: 1 W., 1 1/2 N. of Marienthal, Kansas Street address of well location if in city:	
3. Owner of well: Joe Zellner R.R. or street: Marienthal, Kansas 67863 City, state, zip code:	
4. Locate with "X" in section below: Sketch map: X farmstead <div style="display: flex; align-items: center;"> <div style="text-align: center;"> <p>2600'</p> <p>X Well</p> </div> <div style="margin-left: 20px;"> <p>6. Bore hole dia. <u>9</u> in. Completion date <u>9/30/1978</u> Well depth <u>167</u> ft.</p> <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</p> <p>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"/> Stack <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other</p> <p>9. Casing: Material <u>Plastic</u> Weight: Above or below Threading <u>glue</u> 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>147</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>147</u> ft. depth gage No. <u>.250</u></p> </div> </div>	
5. Type and color of material	
	From To
clay	0 22
gyp	22 29
sand rock	29 38
fine sand T	38 46
Sand rock	46 60
fine sand clay	60 76
clay	76 79
sand rock H	79 83
clay	83 94
sandy clay T	94 97
fine sand clay	97 112
sand coarse	112 131
clay	131 137
med sand clay	137 150
fine sand clay	150 165
sand	165 167
(Use a second color if needed) yellow	167
10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/16"</u> Length <u>20'</u> Set between <u>147</u> ft. and <u>167</u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/4 X 1/8"</u>	11. Static water level: <u>112</u> ft. below land surface Date <u>9/28/78</u> mo./day/yr.
12. Pumping level below land surfaces: <u>120</u> ft. after <u>1</u> hrs. pumping <u>4</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>4</u> g.p.m.	13. Water sample submitted: <u> </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u>
14. Well head completion: <u> </u> 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>10</u> ft.
16. Nearest source of possible contamination: ft. <u>2600</u> Direction <u>N/W</u> Type <u>Farmstead</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	17. Pump: <u> </u> Not installed Manufacturer's name <u>Aermotor</u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u>144</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 <u>cylinder</u> <input type="checkbox"/> Other
18. Elevation:	19. Remarks:
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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. Weishar Drilling & Sup. 232 Business name License No. <u> </u> Address <u> </u> Signature <u>[Signature]</u> Date <u>10/10/78</u> Authorized representative

18 35 7
SUSC
1/4 1/4 1/4

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

Form WWC-5