

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 SE 1/4 SW 1/4 SE 1/4	Section number 17	Township number T 18 S R 35	Range number 35
2. Distance and direction from nearest town or city: In			3. Owner of well: Snowflake Popcorn Co.			
Street address of well location if in city: Marienthal, KS			R.R. or street: Box 86			
			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>165</u> ft. <u>6-20-75</u>
						7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary
						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
						9. Casing: Material <u>Steel</u> Height: <u>Above</u> or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>10</u> in. RMP _____ PVC _____ Weight <u>31.67</u> lbs./ft. Dia. <u>16</u> in. to <u>165</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>188</u>
5. Type and color of material			From	To	10. Screen: Manufacturer's name <u>Free Flow</u>	
Clay			0	27	Type <u>Prime Steel</u> Dia. <u>16 in.</u>	
Gyp			27	34	<input checked="" type="checkbox"/> Slot/gauze <u>.125</u> Length <u>30 ft.</u>	
Clay			34	39	Set between <u>135</u> ft. and <u>165</u> ft.	
Fine sd clay			39	56	_____ ft. and _____ ft.	
Sd coarse			56	63	Gravel pack? <u>yes</u> Size range of material <u>3/4 #</u>	
Sd rock			63	64	11. Static water level: _____ mo./day/yr. <u>120</u> ft. below land surface Date <u>5-9-75</u>	
Sd coarse			64	71	12. Pumping level below land surfaces: <u>154</u> ft. after <u>4</u> hrs. pumping <u>380</u> g.p.m. <u>156</u> ft. after <u>4</u> hrs. pumping <u>390</u> g.p.m.	
Rock H			71	73	Estimated maximum yield <u>390</u> g.p.m.	
Gyp			73	85	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
Fine sd clay			85	130	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade	
Fine sd			130	137	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete	
Fine sd clay			137	140	Depth: From <u>0</u> ft. to <u>10</u> ft.	
Sd coarse			140	151	16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>NW</u> Type <u>Septic</u>	
Clay			151	155	Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Sd coarse			155	160	17. Pump: _____ Not installed	
Yellow (Use a second sheet if needed)			160	165	Manufacturer's name <u>Goulds</u> Model number <u>US</u> HP <u>15</u> Volts <u>230</u> Length of drop pipe <u>155</u> ft. capacity <u>390</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	
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. <u>Weishaar Drilling</u> <u>232</u> Business name License No. Address <u>Scott City, KS 67871</u> Signature <u>[Signature]</u> Date <u>7-20-76</u> Authorized representative				

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

Form WWC-5