MARIENTHAL

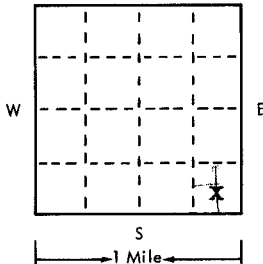**WATER WELL RECORD**
KSA 82a-1201-1215

LDC   SE SE SW ?

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

| T | R | EW | sec 1/4 1/4 1/4 No. |

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Wichita	Whitewoman SW - SE - SE - NW		23	19	35

Distance and direction from nearest town or city: 6S, 2E, 1½S of Marienthal, KS

Street address of well location if in city:

3 Owner of well: **Elmer Ridder**

Address: **Marienthal, KS 67863**

Locate with "X" in section below: Sketch map:

N
W — E
S
|— 1 Mile —|

4 Well depth: 95 ft. Date of completion 8-6-75
Well diameter 9 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ _____

7 Casing: Material **Plas.** Height: above/below
Threaded ☐ Welded ☐ Surface 12 in.
Diam. _____ Weight 1.8 lbs./ft. _____
5 in. to 75 ft. depth Drive shoe? ☐ Yes ☒ No
_____ in. to _____ ft. depth

2 Type and color of material	From	To
Clay	0	22
Sd coarse	22	60
Clay sdy	60	79
Fine sd clay	79	83
Yellow	83	95
Shale		
BROCK 83'		
(use a second sheet if needed)		

8 Screen:
Manufacturer **Jess & Lowell**
Type **Plastic** Dia. 5
Slot/gauze _____ Length _____
Set between 75 ft. and 95 ft. _____
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material #1

9 Static water level:
79 ft. below land surface Date 8-6-75

10 Pumping level below land surfaces: NA
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield _____ g.p.m.

11 Water sample submitted: NA
☐ Yes ☐ No Date _____

12 Well head completion: NA
☐ Pitless adapter ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 0 ft. to 15 ft.

14 Nearest source of possible contamination: None
ft. _____ Direction _____ Type _____
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

3143 (TOPO)

Topography:
☐ Hill
☐ Slope
☒ Upland
☐ Valley

17 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.
Business name **Weishaar Drilling** License No. **232**
Address **Scott City, KS 67871**
Signed _____ Date **9-11-75**
Authorized Representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H