

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 Ottawa | Fraction NE 1/4 NE 1/4 NE 1/4 | Section number 30 | Township number T 12 S R 3 W E/W | Range number | |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: | | | 3. Owner of well: Jim Gadberry R.R. or street: 315 W. Ellsworth City, state, zip code: Salina Kans 67401 | | | |
| 4. Locate with "X" in section below: N 1 Mile W E S 1 Mile | | | Sketch map: | | | |
| 5. Type and color of material | | | From | To | 6. Bore hole dia. 6 in. Completion date 6-8-76 Well depth 156 ft. | |
| Colluvium: | | | | | 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 | |
| Clay, silty, tan | | | 0 | 14 | 8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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 | |
| Dakota (?) + Kiowa fms.: | | | | | 9. Casing: Material _____ Height: <u>above</u> or below Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to 156 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 0.237" | |
| Shale, light + dark gray | | | 14 | 48 | 10. Screen: Manufacturer's name Slap Type Slotted Dia. 4" Slot/gauze 1/16" Length 10' Set between 146 ft. and 156 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/10" | |
| Sandstone, white | | | 48 | 49.5 | 11. Static water level: _____ mo./day/yr. 97 ft. below land surface Date 6-8-76 | |
| Shale, gray | | | 49.5 | 58 | 12. Pumping level below land surfaces: _____ ft. after 1 hrs. pumping 10 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m. | |
| Sandstone, white | | | 58 | 59 | 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____ | |
| Shale, gray, little sandstone | | | 59 | 114 | 14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade | |
| Sandstone, very fine, silty + fine | | | 114 | 124 | 15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite _____ Concrete _____ Depth: From 3 ft. to 13 ft. | |
| Sandstone, fine to medium, gray | | | 124 | 156 | 16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | | 17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | |
| (Use a second sheet if needed) | | | | | | |
| 18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | 19. Remarks: Hardness - 15 grains/gal Chloride - 40 ppm | | | 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. Hydromatic Drilling 126 Business name License No. _____ Address Salina, Mo Signed Ol. Fort 7-15-76 Date Authorized representative | | |

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

Form WWC-5