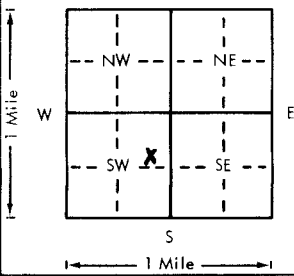


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Saline	Fraction SE 1/4 NE 1/4 SW 1/4	Section number 8	Township number T 13 S	Range number R 1W E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: 3 M. S. Miles Kans			3. Owner of well: Fred Elliot R.R. or street: 515 N 11th City, state, zip code: Salina Ks 67401		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>6</u> in. Completion date _____ Well depth <u>42</u> ft. <u>8-4-78</u>	
5. Type and color of material		From		To	
		Alluvium			
		Clay, silty, buff + gray		0	29.5
		Sand, fine to coarse + gravel, fine		29.5	34
		Gravel, fine to medium + sand		34	42
				7. <input 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	
				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	
				9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>42</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>	
				10. Screens: Manufacturer's name <u>Skup</u> Type <u>slots</u> Dia. <u>4"</u> Slot/gauze <u>3/32"</u> Length <u>3"</u> Set between <u>39</u> ft. and <u>42</u> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8"</u>	
				11. Static water level: _____ mo./day/yr. <u>21.5</u> ft. below land surface Date <u>8-4-78</u>	
				12. Pumping level below land surfaces: <u>ND</u> ft. after <u>1/2</u> hrs. pumping <u>15</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</u> g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> Y With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.	
				16. Nearest source of possible contamination: ft. <u>110'</u> Direction <u>NW</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: <input checked="" type="checkbox"/> Nat 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 type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: water sample: Chloride - 60 ppm hardness - 410 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. Hypland Pulling 126 Business name _____ License No. _____ Address <u>Salina Ks</u> Signed <u>O. J. Faust</u> Date <u>9-5-78</u> Authorized representative	

13 1 0 8 SE 1/4 1/4 1/4

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

Form WWC-5