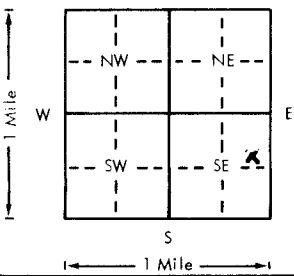


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>SALINE</u> DICKINSON		Fraction <u>SE 1/4 NE 1/4 SE 1/4</u>	Section number <u>13</u>	Township number T <u>13</u> S R	Range number <u>1 W</u> E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>114 W. 4th Solomon</u>			3. Owner of well: <u>Ruth Sullivan</u> R.R. or street: <u>114 W 4th</u> City, state, zip code: <u>Solomon Kans 67480</u>		
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 <u>12/22/80</u> Well depth <u>42</u> ft.	
5. Type and color of material		From		To	
		Silt, sandy, tan		0	21
Clay, gray		21	30	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	
Sand & gravel, fine to coarse		30	42	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 _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>39</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. <u>SDR-26</u>	
				10. Screen: Manufacturer's name <u>Stump</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>44"</u>	
				11. Static water level: _____ mo./day/yr. <u>23</u> ft. below land surface Date <u>12/22/80</u>	
				12. Pumping level below land surfaces: <u>ND</u> ft. after <u>1/2</u> hrs. pumping <u>25</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>25</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"/> 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: <u>ND</u> 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 type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks:		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>Hydraulic Drilling Co 126</u> Business name License No. Address <u>Salina Kans 67401</u> Signed <u>D. J. Ford</u> Date <u>12/30/80</u> Authorized representative		

T 13
R 1
E 13
S
E
1/4
1/4
1/4

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

Form WWC-5