

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

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

WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well:	County Saline	Township name	Fraction SW SW SE	Section number 17	Town number 13S	Range number 2W
Distance and direction from nearest town or city: Street address of well location if in city:				3 Owner of well: Address:		
6 mi NE of Salina				Andrew Peele Rt. 2 Salina Kans		
Locate with "X" in section below:		Sketch map:		4 Well depth: 38.5 ft. Date of completion 7-15-75 Well diameter 4 in.		
				5 <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		
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material RMP Height: above below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 4 in. to 38.5 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No 4 in. to 38.5 ft. depth		
2 Type and color of material		From		To		
Colluvium - terrace:						
Clay + silt, sandy gray + buff		0		19		
Sand, medium to fine, some clay buff		19		38		
Thin fine:						
Shale, blue-gray		38		40		
(use a second sheet if needed)						
16 Remarks: elevation				9 Static water level: 29.5 ft. below land surface Date 7-23-75		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				10 Pumping level below land surfaces: 35 ft. after 12 hrs. pumping 2 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 2 g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> ____ Depth: From 3 ft. to 13 ft.		
				14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				15 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		
				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. Hydraulic Drilling 126 Business name License No. Address Salina Kansas Signed Art Faust Date 9-10-75 Authorized representative		

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

Form WWC-5