

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 <u>Saline</u>	Township name	Fraction <u>SE SW</u>	Section number <u>22</u>	Town number <u>13 S</u>	Range number <u>2 W</u>	
Distance and direction from nearest town or city:				3 Owner of well: <u>Harold Andrews</u>			
Street address of well location if in city:				Address: <u>Rt. 1 New Cambria</u>			
Locate with "X" in section below:			Sketch map:			4 Well depth: <u>62</u> ft. Date of completion <u>6-4-75</u> Well diameter <u>4</u> 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 <u>RMP</u> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Dig. _____ Weight _____ lbs./ft. _____ <u>7</u> in. to <u>62</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth!	
2		Type and color of material	From	To	8 Screen:		
		<u>Alluvium:</u>			Manufacturer <u>shop</u>		
		<u>Clays silt, tan + gray, sandy</u>	<u>0</u>	<u>49</u>	Type <u>RMP</u> Dia. <u>4"</u>		
		<u>Sand, coarse to fine + gravel, fine to med</u>	<u>49</u>	<u>54</u>	Slat/gauze <u>3/8"</u> Length <u>3'</u>		
		<u>Clay, gray, sandy</u>	<u>54</u>	<u>59</u>	Set between <u>59</u> ft. and <u>62</u> ft. _____		
		<u>Gravel, fine to medium + sand</u>	<u>59</u>	<u>65</u>	Fittings:		
					Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4"</u>		
					9 Static water level:		
					<u>38</u> ft. below land surface Date <u>6-4-75</u>		
					10 Pumping level below land surfaces:		
					<u>41</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m.		
					_____ ft. after _____ hrs. pumping _____ g.p.m.		
					Estimated maximum yield <u>20</u> g.p.m.		
					11 Water sample submitted:		
					<input checked="" 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 <u>3</u> ft. to <u>13</u> 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		
16 Remarks: elevation						17 Water well contractor's certification:	
Topography:						This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
<input type="checkbox"/> Hill						<u>Hydraulic Drilling Co 126</u>	
<input type="checkbox"/> Slope						Business name _____ License No. _____	
<input type="checkbox"/> Upland						Address <u>Salina, Kans</u>	
<input checked="" type="checkbox"/> Valley						Signed <u>Olifant</u> Date <u>7-25-75</u>	
						Authorized representative	

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

Form WWC-5