

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 NW 1/4 SW 1/4 SW 1/4	Section number 32	Township number T 13 S R 2W E/W	Range number
2. Distance and direction from nearest town or city: 1 Mi. E Salina			3. Owner of well: U.S. Geological Survey			
Street address of well location if in city:			R.R. or street: University of Kans			
			City, state, zip code: Lawrence, Kansas 66045			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 11.75 in. Completion date _____		
				Well depth 130 ft. 6/10/79		
5. Type and color of material		From	To	7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		
Alluvium:				<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
Clay, silty, gray-brown		0	14	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry		
Gravel, fine to coarse & sand		14	65	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock		
Wellington formation:				<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other		
Shale, red & gray-green		65	69	9. Casing: Material _____ Height: <u>Above</u> or below		
Shale, dark & light gray; interbedded w dolomite		69	121.5	Threaded _____ Welded _____ Surface 12 in.		
Gypsum, white		121.5	126	RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft.		
Shale, gray-green & gray		126	132.8	Dia. 5 in. to 643 ft. depth; Wall Thickness: inches or		
Anhydrite & dolomite, white to light gray		132.8	135	Dia. 4 in. to 130 ft. depth; gage No. 7200		
Anhydrite, hard		135	136	10. Screen: Manufacturer's name _____		
				Jess & Howell		
				Type slots Dia. 4"		
				Slot/gauze 1/10" Length 30'		
				Set between 100 ft. and 130 ft.		
				_____ ft. and _____ ft.		
				Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8"		
				11. Static water level: _____ mo./day/yr.		
				11.95 ft. below land surface Date 6/11/79		
				12. Pumping level below land surfaces: _____		
				10 ft. after 12 hrs. pumping 60 g.p.m.		
				_____ ft. after _____ hrs. pumping _____ g.p.m.		
				Estimated maximum yield _____ 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 12 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 0 ft. to 90 ft.		
				16. Nearest source of possible contamination: NO		
				ft. _____ Direction _____ Type _____		
				Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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		
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: _____		8" ID steel casing to 67.5'		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input type="checkbox"/> Hill		Yielding high chloride water		Hydromatic Drilling 126		
<input type="checkbox"/> Slope		USGS Obsv. well		Business name _____ License No. _____		
<input type="checkbox"/> Upland				Address Salina Kans		
<input checked="" type="checkbox"/> Valley				Signed D. J. Hunt Date 6/29/79		
				Authorized representative		

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

Form WWC-5

T 13 S R 2W E/W Sec 32 NW 1/4 SW 1/4