

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 <b>Saline</b>		Fraction <b>NE 1/4 SW 1/4 SW 1/4</b>		Section number <b>33</b>		Township number <b>T 13 S R 2 W E/W</b>		Range number	
2. Distance and direction from nearest town or city: <b>1 N + 3.5 E of Salina (Miles)</b>				3. Owner of well: <b>B + N Drilling Co</b>					
Street address of well location if in city:				R.R. or street: <b>Box 846</b>					
4. Locote with "X" in section below:				Sketch map:					
				6. Bore hole dia. <b>4</b> in. Completion date <b>6/15/78</b> Well depth <b>65</b> ft.					
				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 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 checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other					
				9. Casing: Material _____ Height: <b>above</b> or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>65</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>#200</b>					
5. Type and color of material				From		To			
<b>Clay, silty, brown &amp; gray</b>				<b>0</b>		<b>51</b>			
<b>Silt, gray, sandy</b>				<b>51</b>		<b>58</b>			
<b>Gravel, fine to medium &amp; sand</b>				<b>58</b>		<b>65</b>			
				10. Screen: Manufacturer's name <b>Shop</b>					
				Type <b>slots</b> Dia. <b>4"</b>					
				Slot/gauze <b>3/32"</b> Length <b>3'</b>					
				Set between <b>62</b> ft. and <b>65</b> ft.					
				_____ ft. and _____ ft.					
				Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/8"</b>					
				11. Static water level: _____ mo./day/yr. <b>22</b> ft. below land surface Date <b>6/15/78</b>					
				12. Pumping level below land surfaces: <b>ND</b> ft. after <b>1/2</b> hrs. pumping <b>40</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>60</b> 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 <b>12</b> Inches above grade					
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.					
				16. Nearest source of possible contamination: ft. <b>open</b> Direction <b>field</b> Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
				17. Pump: <input checked="" type="checkbox"/> <del>Not installed</del>					
				Manufacturer's name _____					
				Model number _____ HP <b>3</b> Volts _____					
				Length of drop pipe <b>58</b> ft. capacity <b>90</b> g.p.m.					
				Type: <input checked="" 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:		19. Remarks:				20. Water well contractor's certification:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		<b>Temporary well + pump installation for oil drilling - to be pulled + filled after well is completed</b>				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Hydraulic Drilling</b> <b>126</b> Business name License No. Address <b>Salina, Kansas</b> Signed <b>D. Faust</b> <b>7/6/78</b> date Authorized representative			

13 2-0 33 NE SW SW

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

Form WWC-5