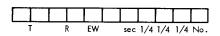
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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:	Saline	Township name	Fraction NW4 SU	45W4	Section	on number		Town number /35	Range number	
Distance and direction from nearest town or city: 3 Owner of well: Pau								Miller		
Street address of well location if in city: Address:						Sali	lina Ks			
Locate with "X" in section below: N Sketch map:								Well depth: <u>60</u> ft. Well diameter <u>4</u> in.	Date of comparion 2-75	
	1	,	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -				5	Cable tool 🔀 Rotary Hollow rod 🗌 Jetted	Bored Reverse rotary	
w x	E		ne de la companie de					Use: Domestic Publ Irrigation Air of Test well Casing: Material	conditioning Commercial	
S Mile-								Threaded Welded Surface Lin. Diam. Weight Ibs./ft. in. to 60 ft. depth Drive shoe? Yes No		
2 Type and color of material					From	То	8	in. to ft. depth		
alluvium.					Fee	()		Manufacturer Skip Type PVC	Dia. 4"	
Clay, silty buff, grag-groom + blue-gray					0	38		Slot/gauze 32 ft. and Fittings:	Length	
Sand, Coarse to fine					<u>38</u>		_	Gravel pack XYes No Static water level:		
Gravel, fine to medium & sand					40	5°g		22ft. below land surfoo		
Wellington fin: Shale Clayey, gray-green					59	60		Pumping level below land su ft. after hrs ft. after hrs Estimated maximum yield	. pumping g.p.m.	
							11	Water sample submitted:	g.p	
							12	Well head completion:	Inches obove grade	
							. [Well grouted? Mes Neat cement Benton Depth: From A ft. to		
								Nearest source of possible conft. 75 Direction 4 Well disinfected upon compl	orth ishit house	
							15	0 0000000000000000000000000000000000000	Not installed	
								Length of drop pipe Type:	ft. capacity g.m.p.	
	(use	a second sheet if needed)						Submersible Jet Certrifugal	☐ Turbine ☐ Reciprocating ☐ Other	
16 Remarks: elevation								Water well contractor's certi This well was drilled under m	· ·	
Topography:							1	Report is true to the best of n	y knowledge and belief. License No.	
☐ Slope ☐ Upland ☑ Valley								Address Signed Admonizatrepres	Dat 6-9-75	

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

Form WWC-5