

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 <u>Saline</u>		Fraction <u>SW 1/4 NW 1/4 SW 1/4</u>		Section number <u>34</u>		Township number T <u>13</u> S R <u>2W</u> E/W		Range number			
2. Distance and direction from nearest town or city: <u>1 1/2 Mi. W.</u>				3. Owner of well: <u>Midwest Investments Inc</u>							
Street address of well location if in city: <u>New Cambria</u>				R.R. or street: <u>PO Box 1954</u>							
				City, state, zip code: <u>Salina Kans 67401</u>							
4. Locate with "X" in section below:				Sketch map:		6. Bore hole dia. <u>6</u> in. Completion date _____					
						Well depth <u>57</u> ft. <u>9-27-77</u>					
				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							
5. Type and color of material				From		To		8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
<u>Alluvium:</u> <u>Clay + silt, tan</u> <u>Sand, fine, silty</u> <u>Silt, sandy, gray</u> <u>Gravel, fine to coarse + sand</u>								9. Casing: Material _____ Height: <u>above</u> below Threaded _____ Welded _____ Surface <u>66</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>57</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>5.10</u>			
								10. Screen: Manufacturer's name <u>Shop</u> Type <u>Slots</u> Dia. <u>4"</u> Slot/gauze <u>3/32</u> Length <u>3'</u> Set between <u>54</u> ft. and <u>57</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8"</u>			
								11. Static water level: _____ mo./day/yr. <u>15.5</u> ft. below land surface Date <u>9-27-77</u>			
								12. Pumping level below land surfaces: 45.5 ft. after _____ hrs. pumping _____ g.p.m. <u>30.2</u> ft. after <u>1</u> hrs. pumping <u>25</u> 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 <u>66</u> 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 <u>0</u> ft. to <u>10</u> ft.			
								16. Nearest source of possible contamination: ft. <u>80</u> Direction <u>N</u> Type <u>River</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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			
								20. 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. <u>Hydraulic Drilling 126</u> Business name _____ License No. _____ Address <u>Salina, Mo</u> Signed <u>Oddest</u> <u>11-1-77</u> Date Authorized representative			
18. Elevation:		19. Remarks:									
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley											

T 13
R 2W
E
Sec 34
SW 1/4
SW 1/4

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

Form WWC-5