

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 <i>Saline</i>	Fraction <i>NE 1/4 SE 1/4 SW 1/4</i>	Section number <i>34</i>	Township number T <i>13 S</i> S R <i>2 W</i> E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: <i>1 W New Cambria</i>			3. Owner of well: <i>Kenneth Mattison</i> R.R. or street: <i>Rt. 3</i> City, state, zip code: <i>Salina, Kansas 67401</i>		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <i>6"</i> in. Completion date <i>2-20-76</i> Well depth <i>59</i> ft.	
5. Type and color of material		From To		7. 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 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	
				9. Casing: Material <i>PVC</i> Height: <i>Above</i> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <i>4</i> in. to <i>59</i> ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. <i>0237</i>	
				10. Screen: Manufacturer's name <i>Seep</i> Type <i>PVC</i> Dia. <i>4"</i> Slot/gauze <i>3/32</i> Length <i>3 ft</i> Set between <i>56</i> ft. and <i>59</i> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>3/8</i>	
				11. Static water level: _____ mo./day/yr. <i>22</i> ft. below land surface Date <i>3-20-76</i>	
(Use a second sheet if needed)				12. Pumping level below land surfaces: <i>40</i> ft. after <i>1/2</i> hrs. pumping <i>30</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> 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 <i>3</i> ft. to <i>13</i> ft.	
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks:		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. <i>Hydraulic Drilling</i> <i>123</i> Business name _____ License No. _____ Address <i>Rt 2 Salina, KS</i> Signed <i>A. Fert</i> Date <i>3-1-76</i> Authorized representative	

T 13 R 2 W S 34 Sec 1/4 1/4 1/4

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

Form WWC-5