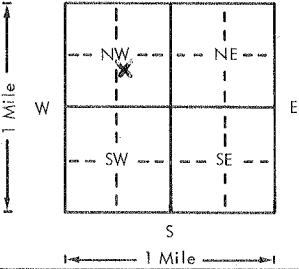


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 SE 1/4 NW 1/4</u> Section number <u>1</u> Township number <u>T 13 S R 3 W</u> Range number <u>E/W</u>	
2. Distance and direction from nearest town or city: <u>5 mi. N Salina</u> Street address of well location if in city: _____	
3. Owner of well: <u>Herb Brown</u> R.R. or street: <u>Rt. 2</u> City, state, zip code: <u>Salina Ks 67401</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<u>Kiowa formation</u>	
<u>Shale, light- & dark gray; interbedded with some sandstone, fine</u>	<u>0 60</u>
<u>Sandstone, fine</u>	<u>60 84</u>
<u>Shale, dark gray</u>	<u>84 90</u>
(Use a second sheet if needed)	
18. Elevation: Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:
6. Bore hole dia. <u>6</u> in. Completion date _____ Well depth <u>85</u> ft. <u>7-7-78</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	
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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material _____ Height: <u>Above</u> or below Threading: _____ Welded _____ Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>85</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>#200</u>	
10. Screen: Manufacturer's name <u>Skop</u> Type <u>slots</u> Dia. <u>4</u> Slot/gauze <u>1/16"</u> Length <u>10'</u> Set between <u>75</u> ft. and <u>85</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/10"</u>	
11. Static water level: _____ mo./day/yr. <u>54</u> ft. below land surface Date <u>7-7-78</u>	
12. Pumping level below land surfaces: _____ ft. after <u>1</u> hrs. pumping <u>5</u> 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 type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
14. Well head completion: _____ Pitless adapter <u>12</u> Inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>3</u> ft. to <u>13</u> ft.	
16. Nearest source of possible contamination: ft. <u>50'</u> Direction <u>S.</u> Type <u>stock lot</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ 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>Hyalonia Drilling Co 126</u> Business name License No. Address <u>Salina Kans</u> Date <u>9-5-78</u> Signed <u>Ol Faust</u> Authorized representative	

T 13 R 3 W E 1 Sec 1 SUS EN W 1/4 1/4 1/4

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

Form WWC-5