

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>NW 1/4 SW 1/4 NE 1/4</u>	Section number: <u>2</u>	Township number: <u>T-13-S</u>	Range number: <u>R-3-E/W</u>
2. Distance and direction from nearest town or city:	Street address of well location if in city: <u>5 N SALINA</u>		3. Owner of well: <u>O. K. WEBSTER</u> R.R. or street: <u>316 SOUTH 11TH</u> City, state, zip code: <u>SALINE KS. 67401</u>		
4. Locate with "X" in section below:	Sketch map:		6. Bore hole dia. <u>6</u> in. Completion date <u>8-6-77</u> Well depth <u>45</u> ft.		
			7. <input checked="" 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		
5. Type and color of material			From	To	9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>6</u> in. to <u>25</u> ft. depth Wall thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____
<u>TOP SOIL</u>			<u>0</u>	<u>5</u>	10. Screen: Manufacturer's name <u>PEERLESS</u> <u>PLASTICS</u> Type <u>PVC</u> Dia. <u>6"</u> Slot/gauze <u>1/32</u> Length <u>20'</u> Set between <u>25</u> ft. and <u>45</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4"</u>
<u>SOFT LIGHT GREY SOAPSTONE</u>			<u>5</u>	<u>15</u>	11. Static water level: _____ mo./day/yr. <u>30</u> ft. below land surface Date <u>8-6-77</u>
<u>SANDSTONE</u>			<u>15</u>	<u>25</u>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1-2</u> g.p.m.
<u>SANDSTONE &amp; ROCK</u>			<u>25</u>	<u>30</u>	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
<u>CLAY &amp; SOAPSTONE</u>			<u>30</u>	<u>40</u>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>24</u> inches above grade <input checked="" type="checkbox"/> Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>10</u> ft.
<u>SHALE</u>			<u>40</u>	<u>45</u>	16. Nearest source of possible contamination: ft. <u>1000</u> Direction <u>NW</u> Type <u>CATTLE</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: <input 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)					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>PETERSON IRR, 138A</u> Business name _____ License No. _____ Address <u>BOX 150 WINDSBORG KS.</u> Signed <u>Ray E. Kodine</u> Date <u>9-1-77</u> Authorized representative
18. Elevation:	19. Remarks:				
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	<u>CONTAMINATION IS DOWNHILL FROM WELL</u>				

T 13 R 3 E Sec 2

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

Form WWC-5