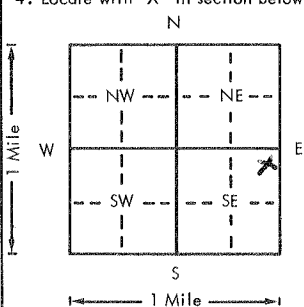
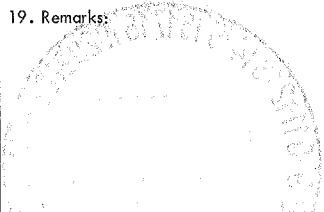


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>NE 1/4 NE 1/4 SE 1/4</u> Section number <u>11</u> Township number <u>T 13 S</u> Range number <u>R 3W E/W</u> | |
| 2. Distance and direction from nearest town or city: <u>6 mi N of Salina</u> Street address of well location if in city: <u> </u> | |
| 3. Owner of well: <u>Frank Yost</u> R.R. or street: <u>Rt 2</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 <u>3-2-77</u> Well depth <u>71</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 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 <u> </u> Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <u> </u> PVC <input checked="" type="checkbox"/> Weight <u> </u> lbs./ft. Dia. <u>4</u> in. to <u>71</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>School 40</u> | |
| 5. Type and color of material | |
| | From To |
| <u>Silt, sandy, tan</u> | <u>0 1</u> |
| <u>Shale yellow-gray + red</u> | <u>1 6</u> |
| <u>Sandstone, fine</u> | <u>6 14</u> |
| <u>Sandstone, fine to medium</u> | <u>14 71</u> |
| 10. Screen: Manufacturer's name <u>SLIP</u> Type <u>slots</u> Dia. <u>4"</u> Slot/gauze <u>3/32"</u> Length <u>3'</u> Set between <u>68</u> ft. and <u>71</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8</u> | |
| 11. Static water level: <u>21</u> ft. below land surface Date <u>3-2-77</u> mo./day/yr. | |
| 12. Pumping level below land surfaces: <u>46</u> ft. after <u>25</u> hrs. pumping <u>30</u> g.p.m. Estimated maximum yield <u>50</u> g.p.m. | |
| 13. Water sample submitted: <u> </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u> | |
| 14. Well head completion: <u> </u> Pitless adapter <u>12</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>3</u> ft. to <u>13</u> ft. | |
| 16. Nearest source of possible contamination: <u>250'</u> ft. Direction <u>NE</u> Type <u>Sepic T</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 <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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) | |
| 18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | 19. Remarks:  |
| 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</u> <u>126</u> Business name License No. Address <u>Salina, Kans</u> Signed <u>Frank Yost</u> Date <u>4-11-77</u> Authorized representative | |

T 13 R 3W E 11 NE NE SE 1/4 1/4 1/4

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

Form WWC-5