

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 Saline	Fraction NW 1/4 SW 1/4 SW 1/4	Section number 13	Township number T 13 S R 3W E (N)	Range number
2. Distance and direction from nearest town or city: 5 mi N. Salina			3. Owner of well: Daniel Barnes		
Street address of well location if in city:			R.R. or street: Rt. 2		
			City, state, zip code: Salina Kans 67401		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>6</u> in. Completion date _____ Well depth <u>455</u> ft. <u>Aug 1, 1977</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 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	
5. Type and color of material		From To		9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>24</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>455</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>540</u>	
				10. Screen: Manufacturer's name <u>Shop</u> Type <u>slots</u> Dia. <u>4"</u> Slot/gauze <u>1/16"</u> Length <u>3'</u> Set between <u>40.5</u> ft. and <u>455</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/16"</u>	
Alluvium:				11. Static water level: _____ mo./day/yr. <u>26</u> ft. below land surface Date <u>8-1-77</u>	
Clay gray & tan		0	28	12. Pumping level below land surfaces: <u>43</u> ft. after <u>1</u> hrs. pumping <u>5</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>4</u> g.p.m.	
Sand, fine, silty		28	33	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
Clay, blue-gray		33	42	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>24</u> Inches above grade	
Sand, fine to medium, silty		42	445	15. Well grouted? <input checked="" type="checkbox"/> <u>Y</u> 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.	
Wellington fm.				16. Nearest source of possible contamination: ft. <u>70'</u> Direction <u>W</u> Type <u>ditch</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Shale, gray-green & red-brown		445	455	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)					
18. Elevation:		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 Kansas</u> Signed <u>O.P. Jent</u> Date <u>8-12-77</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

T 13
 R 3W
 E (N)
 Sec 13
 NW 1/4 SW 1/4 SW 1/4

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

Form WWC-5