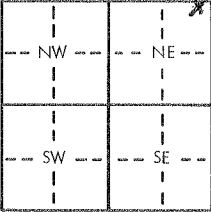


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 NE 1/4 NE 1/4 NE 1/4	Section number 14	Township number T 13	Range number S R 3W	E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: 4 mi N Saline			3. Owner of well: Kent Fellers R.R. or street: Rt. 2 City, state, zip code: Salina Kans 67401			
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 			6. Bore hole dia. <u>6</u> in. Completion date <u>10/3/78</u> Well depth <u>40</u> ft.
5. Type and color of material			From	To	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			
Alluvium: Clay, brown Clay, silty, brown, with rubble			8	17.5	9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>40</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>	
			8	17.5	10. Screen: Manufacturer's name <u>slap</u> Type <u>slots</u> Dia. <u>4"</u> Slot/gauze <u>1/16"</u> Length <u>13'</u> Set between <u>12</u> ft. and <u>22</u> ft. <u>37</u> ft. and <u>40</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/16"</u>	
Krianna: Shale, light & dark gray Shale, dark gray			17.5	21	11. Static water level: _____ mo./day/yr. <u>11</u> ft. below land surface Date <u>10/3/78</u>	
			21	40	12. Pumping level below land surfaces: <u>20</u> ft. after <u>1</u> hrs. pumping <u>3/4</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>3/4</u> g.p.m.	
(Use a second sheet if needed)					13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
					14. Well head completion: <input type="checkbox"/> 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>0</u> ft. to <u>10</u> ft.	
					16. Nearest source of possible contamination: ft. <u>50'</u> Direction <u>N</u> Type <u>Barn</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 _____ 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. <u>Hydraulic Drilling Co-126</u> Business name _____ License No. _____ Address <u>Salina, Kans</u> Signed <u>Od'Fent</u> <u>10/5/78</u> Authorized representative _____ Date _____	
18. Elevation:	19. Remarks:					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

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13-3W-14 NE NE NE NE
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5