

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 Lot 5 NW 1/4 NE 1/4 NW 1/4	Section number 19	Township number T 13 S R	Range number 3W E/W	
2. Distance and direction from nearest town or city: Street address of well location if in city: 2 Mi N x 4 W Salina			3. Owner of well: Gus Reed R.R. or street: 421 N. Ohio City, state, zip code: Salina Ks. 67401				
4. Locate with "X" in section below:		Sketch map: Test hole 25			6. Bore hole dia. 6 in. Completion date _____ Well depth 31 ft. 9-9-77		
						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	
5. Type and color of material				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 _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to 31 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 5.40	
				10. Screen: Manufacturer's name Shop Type slots Dia. 4" Slot/gauze 3/32" Length 20' Set between 11 ft. and 31 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8"		11. Static water level: _____ mo./day/yr. 13 ft. below land surface Date 9-9-77	
				12. Pumping level below land surfaces: ND ft. after 1 hrs. pumping 5 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		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 12 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 0 ft. to 10 ft.	
				16. Nearest source of possible contamination: open field ft. _____ Direction _____ Type field 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	
				18. Elevation:		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. Hydraulic Drilling 126 Business name _____ License No. _____ Address Salina Ks Signed Oil Test Date 10-3-77 Authorized representative	
19. Remarks:							

13
 30
 19
 1/4
 1/4
 1/4
 1/4
 NW
 NE
 SW
 SE

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

Form WWC-5