

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 <b>Saline</b>		Fraction <b>Lot 8</b> NW 1/4 NW 1/4 NW 1/4		Section number <b>19</b>		Township number <b>T 13</b>		Range number <b>S R 3W</b>		E/W	
2. Distance and direction from nearest town or city: <b>2 Mi N + 4 W</b> Street address of well location if in city: <b>Salina</b>				3. Owner of well: <b>Gus Reed</b> R.R. or street: <b>421 N. Ohio</b> City, state, zip code: <b>Salina Ks. 67401</b>							
4. Locate with "X" in section below: Sketch map: <b>Test No 9</b>				6. Bore hole dia. <b>6</b> in. Completion date _____ Well depth <b>90</b> ft. <b>9-15-77</b>							
				7. 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				9. Casing: Material _____ Height: <b>Above</b> or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>90</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>S. 40</b>							
				10. Screen: Manufacturer's name <b>SHOP</b> Type <b>slots</b> Dia. <b>4</b> Slot/gauze <b>3/32"</b> Length _____ Set between <b>25-30</b> ft. and <b>42-45</b> ft. <b>13-16</b> ft. and <b>87-90</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/8"</b>							
				11. Static water level: _____ mo./day/yr. <b>19</b> ft. below land surface Date <b>8-3-77</b>							
				12. Pumping level below land surfaces: <b>10</b> ft. after <b>1</b> hrs. pumping <b>4</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>5</b> g.p.m.							
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____							
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade							
				15. Well grouted? <input checked="" type="checkbox"/> <b>Y</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>13</b> ft.							
				16. Nearest source of possible contamination: ft. _____ Direction <b>Open field</b> Well disinfected upon completion? <input 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. <b>Hydraulic Drilling</b> <b>126</b> Business name _____ License No. _____ Address <b>Salina Ks</b> Signed <b>Q. Faust</b> Date <b>9-29-77</b> Authorized representative							
18. Elevation:		19. Remarks:									
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley											

T 13  
 S R 3W  
 Sec 19  
 NW 1/4 NW 1/4 NW 1/4

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

Form WWC-5