

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>Lot 12 NW</u> <u>NW 1/4 NW 1/4 NW 1/4</u>	Section number <u>19</u>	Township number <u>T 13</u>	Range number <u>S R 3W</u>	E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>2 Mi. N & 4 W. Salina</u>			3. Owner of well: <u>Gus Reed</u> R.R. or street: <u>421 N. Ohio</u> City, state, zip code: <u>Salina Kans 67401</u>				
4. Locate with "X" in section below:		Sketch map: <u>Test hole #22</u>			6. Bore hole dia. <u>6</u> in. Completion date _____ Well depth <u>80</u> ft. <u>9-6-77</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		
5. Type and color of material		From	To	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			
<u>Kiowa fm:</u>				9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>80</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>5.40</u>			
<u>Shale, gray; contains some sandstone</u>		<u>0</u>	<u>57</u>	10. Screen: Manufacturer's name <u>Shop</u> Type <u>slots</u> Dia. <u>4"</u> Slot/gauze <u>3/32</u> Length <u>20'</u> Set between <u>60</u> ft. and <u>80</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8"</u>			
<u>Sandstone, fine, some shale, gray</u>		<u>57</u>	<u>75</u>	11. Static water level: _____ mo./day/yr. <u>56</u> ft. below land surface Date <u>9-6-77</u>			
<u>Siltstone, gray</u>		<u>75</u>	<u>79</u>	12. Pumping level below land surfaces: <u>71</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>6</u> g.p.m.			
<u>Shale, dark gray</u>		<u>79</u>	<u>100</u>	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>3</u> ft. to <u>13</u> ft.			
				16. Nearest source of possible contamination: <u>open field</u> ft. _____ Direction _____ Type _____ 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			
				(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 126</u> Business name _____ License No. _____ Address <u>Salina Kans</u> Signed <u>Ortner</u> <u>10-3-77</u> Date _____ Authorized representative			
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

T 13
 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