

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 12 NE NW 1/4 NW 1/4 NW 1/4	Section number 19	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: 2 Mi. N + 4 W. Salina			3. Owner of well: Gus Reed R.R. or street: 421 N. Ohio City, state, zip code: Salina Kans				
4. Locate with "X" in section below:		Sketch map: Test hole No 21			6. Bore hole dia. 6 in. Completion date _____ Well depth 70 ft. 9-15-77		
		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 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to 70 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 3 40	
		10. Screen: Manufacturer's name shop Type slots Dia. 4" Slot/gauze 3/32" Length 20' Set between 58 ft. and 70 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8"					
Koway fm;					11. Static water level: _____ mo./day/yr. 57 ft. below land surface Date 9-2-77		
Shale, gray; contains some					12. Pumping level below land surfaces: 71 ft. after 1 hrs. pumping 4 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
interbedded sandstone		1	58		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Sandstone, fine; interbedded with					14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade		
some shale, dark gray		58	70		15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 13 ft.		
Siltstone, very hard		70	80		16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Shale, dark gray		80	100		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. Hydraulic Drilling 126 Business name _____ License No. _____ Address Salina, Kans Signed Ost Fort Date 10-3-77 Authorized representative			

T 13
 R 3W
 E
 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