

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 10 NE 1/4 NW 1/4 NW 1/4	Section number 19	Township number T 13	Range number S R 3 W	E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: 2 mi N + 4 W Saline				3. Owner of well: Gus Reel R.R. or street: 421 N. Ohio City, state, zip code: Salina Ks 67401			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 6 in. Completion date _____ Well depth 140 ft. 9-15-77			
		test 13		7. <input checked="" type="checkbox"/> Cable tool <input 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 <u>Above</u> or below Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to 140 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 40 Set between 55 ft. and 75 ft. + 120-140 ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8"			
				11. Static water level: _____ mo./day/yr. 56 ft. below land surface Date 8-8-77			
				12. Pumping level below land surfaces: 10 ft. after 1 hrs. pumping 6 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 7 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"/> Y With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 13 ft.			
				16. Nearest source of possible contamination: ft. _____ Direction open pasture 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			
				(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 Ks Signed O. Fent 9-29-77 Date Authorized representative			
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

T 13
 R 3 W
 E
 Sec 19
 NE 1/4 NW 1/4

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

Form WWC-5