

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 9 NW 1/4NW 1/4NW 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 Ks. 67401			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>6</u> in. Completion date _____ Well depth <u>120</u> ft. <u>9-15-77</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			
				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>120</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>5 40</u>			
Clay, sandy		0	3	10. Screen: Manufacturer's name <u>Shup</u> Type <u>slots</u> Dia. <u>4"</u> Slot/gauze <u>3/32"</u> Length <u>40</u> Set between <u>80</u> ft. and <u>120</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8"</u>			
Dakota + or Kiowa:				11. Static water level: _____ mo./day/yr. <u>43</u> ft. below land surface Date <u>8-22-77</u>			
Shale, gray; interbedded with same ss, fine		3	94	12. Pumping level below land surfaces: <u>ND</u> ft. after <u>1</u> hrs. pumping <u>4</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>6</u> g.p.m.			
Shale, dark gray + sandstone, fine		94	105	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____			
Shale, " " + siltstone		105	123	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade			
Minnesota sh:				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.			
Shale, green + red		123	128	16. Nearest source of possible contamination: ft. <u>open field</u> Direction _____ Type _____ 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			
				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. Hydramia Pullis <u>126</u> Business name _____ License No. _____ Address <u>Salina Ks</u> Signed <u>Ol Faust</u> Date <u>9-30-77</u> 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
 R 3W
 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