

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 6 NW 1/4 NE 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 Ks 67401 | | | |
| 4. Locate with "X" in section below: | | Sketch map: Test 16 | | 6. Bore hole dia. 6 in. Completion date _____ Well depth 40 ft. 9-15-77 | | |
| | | | | 7. <input checked="" 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: Above or below Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to 40 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 5 40 | | |
| Clay, brown | | 0 | 2 | 10. Screen: Manufacturer's name shop Type slots Dia. 4" Slot/gauze 3/32 Length 20 Set between 20 ft. and 40 ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8" | | |
| Kiowa fm: | | | | 11. Static water level: _____ mo./day/yr. 19.5 ft. below land surface Date 8-30-77 | | |
| Shale, gray | | 2 | 11 | 12. Pumping level below land surfaces: ND ft. after 2 hrs. pumping 4 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 6 g.p.m. | | |
| Sandstone, fine | | 11 | 30 | 13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | | |
| Shale, gray ls. lit. stone, sandy | | 30 | 40 | 14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade | | |
| Shale, dark gray | | 40 | 50 | 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. | | |
| | | | | 16. Nearest source of possible contamination: ft. Open forested 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 | | |
| | | | | 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. Hypochondria Drilling 126 Business name Salina Ks License No. _____ Address _____ Signed O. J. Fant Date 9-30-77 Authorized representative | | |

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

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

Form WWC-5