

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 <i>Saline</i>	Fraction <i>NW 1/4 SE 1/4 SE 1/4</i>	Section number <i>26</i>	Township number T <i>13</i> S R	Range number E/W <i>3W</i>
2. Distance and direction from nearest town or city: Street address of well location if in city: <i>Salina</i>				3. Owner of well: <i>John Marsoy</i> R.R. or street: City, state, zip code: <i>Assaria Kansas 67416</i>		
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map: 		
5. Type and color of material				From	To	6. Bore hole dia. <i>6</i> in. Completion date <i>12-13-76</i> Well depth <i>45.5</i> ft.
<i>Terrace Dep:</i>						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
<i>Clay, brown</i>				<i>0</i>	<i>12</i>	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
<i>Clay, brown contains rubble</i>				<i>12</i>	<i>30</i>	9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <i>12</i> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <i>4</i> in. to <i>45.5</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. <i>Sch 40</i>
<i>Clay, brown</i>				<i>30</i>	<i>42</i>	10. Screen: Manufacturer's name <i>slap</i> Type <i>slots</i> Dia. <i>4"</i> Slot/gauze <i>3/16"</i> Length <i>3'</i> Set between <i>42.5</i> ft. and <i>43.5</i> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>3/8"</i>
<i>Gravel, fine to coarse sand</i>				<i>42</i>	<i>45</i>	11. Static water level: _____ mo./day/yr. <i>31</i> ft. below land surface Date <i>12-13-76</i>
<i>Berminia</i>						12. Pumping level below land surfaces: <i>35</i> ft. after <i>1/2</i> hrs. pumping <i>4</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>8</i> g.p.m.
<i>Shale, gray</i>				<i>45</i>	<i>50</i>	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 <input checked="" type="checkbox"/> <i>12</i> 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 <i>3</i> ft. to <i>13</i> ft.
						16. Nearest source of possible contamination: ft. _____ 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
				(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. <i>Hydramatic Drilling Co 126</i> Business name <i>Salina Kansas</i> License No. _____ Address _____ Signed <i>D. J. Faust</i> Date <i>1-8-77</i> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 13  
R 3W  
E 26  
Sec 1/4 1/4 1/4

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

Form WWC-5