

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 SW 1/4 NW 1/4 SW 1/4	Section number 26	Township number T 13 S	Range number R 3W E
2. Distance and direction from nearest town or city: 3 Mi NW Salina			3. Owner of well: Richard Payne			
Street address of well location if in city:			R.R., or street: PO Box 671			
			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 50 ft. 7-13-77		
				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 50 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 5.40		
Alluvium:				10. Screen: Manufacturer's name Shop		
Clay + silt, brown		0	34	Type slots Dia. 4" Slot/gauze 3/32 Length 3" Set between 47 ft. and 50 ft. _____ ft. and _____ ft.		
Sand, fine		34	43	Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8"		
Gravel, fine to coarse sand		43	50	11. Static water level: _____ mo./day/yr. 21 ft. below land surface Date 7-13-77		
				12. Pumping level below land surfaces: 32 ft. after 1/2 hrs. pumping 40 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 70 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. 103 Direction E Type septic 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. Mykalania Drilling 126 Business name _____ License No. _____ Address Salina Ks Signed W. Jent Date 8-12-77 Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 13 - 30 E 26 SW NW SW
R 30 E 26 SW NW SW
Sec 1/4 1/4 1/4

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

Form WWC-5