

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 <u>Saline</u>		Fraction <u>SW 1/4 SE 1/4 SW 1/4</u>		Section number <u>29</u>		Township number T <u>13</u> S		Range number R <u>3W</u> E/W	
2. Distance and direction from nearest town or city: <u>2 mi. N + 3.5W</u>				3. Owner of well: <u>Wm Giersch</u>					
Street address of well location if in city: <u>Salina</u>				R.R. or street: <u>2080 Roach</u>					
				City, state, zip code: <u>Salina Ks 67401</u>					
4. Locate with "X" in section below:				Sketch map:		6. Bore hole dia. <u>6</u> in. Completion date _____			
						Well depth <u>50</u> ft. <u>11-21-77</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			
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" 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 Threading _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>50</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>40</u>					
5. Type and color of material				From		To		10. Screen: Manufacturer's name <u>Shop</u>	
<u>Alluvium:</u>								Type <u>slots</u> Dia. <u>4"</u>	
<u>Clay & silt, brown</u>				<u>0</u>		<u>16</u>		Slot/gauze <u>3/32</u> Length <u>23'</u>	
<u>Gravel, medium, silty</u>				<u>16</u>		<u>20</u>		Set between <u>12</u> ft. and <u>32</u> ft. <u>47</u> ft. and <u>50</u> ft.	
<u>Minnesota sh:</u>								Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8"</u>	
<u>Shale, red & green</u>				<u>20</u>		<u>50</u>		11. Static water level: _____ mo./day/yr. <u>13</u> ft. below land surface Date <u>11-21-77</u>	
								12. Pumping level below land surfaces: <u>21</u> ft. after <u>1</u> hrs. pumping <u>6</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ 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 <u>12</u> 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 <u>0</u> ft. to <u>10</u> ft.	
								16. Nearest source of possible contamination: ft. <u>10</u> Direction <u>N</u> Type <u>Feed lot</u> 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. <u>Hydraulic Drilling</u> <u>126</u> Business name _____ License No. _____ Address <u>Salina Ks</u> Signed <u>Oliver</u> <u>12-10-77</u> Date _____ Authorized representative	
18. Elevation:		19. Remarks:							
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley									

13-3-29 SWSESW
1/4 1/4 1/4

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

Form WWC-5