USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Saline		SW SE SW	30	13S	3W

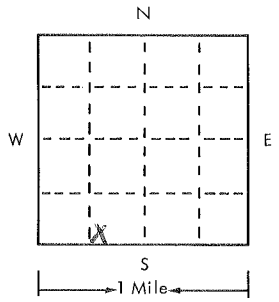
Distance and direction from nearest town or city:

Street address of well location if in city:

3 Owner of well: Don Geering

Address: 520 Montrose Salina Ks.

Locate with "X" in section below:



Sketch map:

CDC

4 Well depth: 51 ft. Date of completion 9-3-75
Well diameter 4 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐

7 Casing: Material RMP Height: above/below
Threaded ☐ Welded ☒ Surface 12 in.
Diam. Weight ___ lbs./ft.
4 in. to 51 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

Drilled feet below surface

2 Type and color of material	From	To
Clay, brown	0	9
Rock fm		
Shale, gray	9	34
Sandstone, very fine, silty	34	40
Shale, gray	40	60
(use a second sheet if needed)		

8 Screen:
Manufacturer Sharp
Type RMP Dia. 4
Slot/gauze 3/32 Length 10
Set between 34 ft. and 44 ft. & 47-50
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/4"

9 Static water level:
___ ft. below land surface Date ___

10 Pumping level below land surfaces:
45 ft. after 1/2 hrs. pumping 1 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 100 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☐ Pitless adapter ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐
Depth: From 3 ft. to 13 ft.

14 Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

Topography:
☒ Hill
☐ Slope
☐ Upland
☐ Valley

17 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.
Hephaunda Drilling 126
Business name License No.
Address Salina Ks
Signed [signature] Date 9-10-75
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H