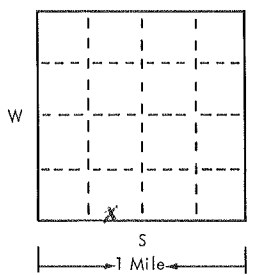


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

13 S 36 W 36 SE SW
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 <i>Saline</i>	Township name	Fraction <i>SE SW</i>	Section number <i>36</i>	Town number <i>13 S</i>	Range number <i>3 W</i>
Distance and direction from nearest town or city: <i>1/2 Mi N. Salina Ks</i>			3 Owner of well: <i>D.W. Denny</i>			
Street address of well location if in city: <i>Rt. 2 Box 129A</i>			Address: <i>Rt. 2 Salina Ks</i>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map: <i>CD</i>		4 Well depth: <i>75'</i> ft. Date of completion <i>3-7-75</i> Well diameter <i>4"</i> in.	
2 Type and color of material			From		To	
			<i>Clay, silty, gray + buff</i>		<i>0 33</i>	
			<i>Gravel, fine + sand</i>		<i>33 35</i>	
			<i>Clay, gray + green</i>		<i>35 41</i>	
			<i>Sand, fine, silty</i>		<i>41 54</i>	
			<i>Clay, blue-gray</i>		<i>54 60</i>	
			<i>Sand, fine, silty</i>		<i>60 66</i>	
			<i>Gravel, fine + sand, fine</i>		<i>66 71</i>	
			<i>Gravel, medium to fine + sand</i>		<i>71 75</i>	
			(use a second sheet if needed)			
5 <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			6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>			
7 Casing: Material <i>PVC</i> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. Diam. <i>4"</i> in. to <i>75</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>4"</i> in. to <i>75</i> ft. depth			8 Screen: Manufacturer <i>slotted PVC</i> Type <i>PVC</i> Dia. <i>4"</i> Slot/gauze <i>3/32"</i> Length <i>3 ft</i> Set between <i>72</i> ft. and <i>75</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>M</i>			
9 Static water level: <i>19</i> ft. below land surface Date <i>3-7-75</i>			10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <i>20</i> g.p.m.			
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <i>3</i> ft. to <i>13</i> ft.			14 Nearest source of possible contamination: ft. <i>74'</i> Direction <i>NW</i> Type <i>Septic</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
15 Pump: Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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			16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> 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. <i>Hydromech Drilling Co 126A</i> Business name _____ License No. _____ Address <i>Salina, Wa</i> Signed <i>DJ Fent</i> Date <i>3-27-75</i> Authorized representative						

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

Form WWC-5