

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>SE 1/4 SE 1/4 NE 1/4</u>	Section number <u>36</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: Street address of well location if in city:			3. Owner of well: <u>Champlin Service Station</u> R.R. or street: <u>I-70 + N. Ohio St.</u> City, state, zip code: <u>Salina Kans 67401</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>6</u> in. Completion date _____ Well depth <u>42</u> ft. <u>9-11-76</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 checked="" 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 <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>42</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. <u>Sched 40</u>	
				10. Screen: Manufacturer's name <u>Slop</u> Type <u>slots</u> Dia. <u>4"</u> Slot/gauze <u>3/32</u> Length <u>3'</u> Set between <u>39</u> ft. and <u>42</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8"</u>	
Clay, silty, buff & gray		0 35		11. Static water level: _____ mo./day/yr. <u>23</u> ft. below land surface Date <u>9-13-76</u>	
Gravel medium & sand		35 36		12. Pumping level below land surfaces: <u>28</u> ft. after <u>3</u> hrs. pumping <u>9</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>15</u> g.p.m.	
Clay, light gray		36 38.5		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Gravel medium & sand		38.5 43.5		14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade	
Clay, light gray		43.5 44		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>3</u> ft. to <u>13</u> ft.	
				16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>W</u> Type <u>Sewage leg</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 Pines</u> Signed <u>Ol. Feil</u> Date <u>10-4-76</u> Authorized representative	
18. Elevation:		19. Remarks:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<u>Cl - 90 ppm</u> <u>Fe - 1.4 ppm</u> <u>Total hardness - 342 ppm</u> <u>Deeper water highly mineralized</u>			

T 13
 R 3
 W E
 Sec 36
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5