

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 NE 1/4 SE 1/4 | | Section number 3 | | Township number T 13 S R 4W E/W | | Range number | | | |
| 2. Distance and direction from nearest town or city: 1 mi W + 1/4 N of Marydel | | | | 3. Owner of well: Robert Madrell | | | | | | | |
| Street address of well location if in city: | | | | R.R. or street: 1501 Cheyenne | | | | | | | |
| | | | | City, state, zip code: Salina Kansas 67401 | | | | | | | |
| 4. Locate with "X" in section below: | | | | Sketch map: | | | | 6. Bore hole dia. 6 in. Completion date 5/3-78 Well depth 59 ft. | | | |
| | | | | | | | | 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 Above or below Threaded _____ Welded _____ Surface 12 in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. 4 in. to 59 ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. 200 | | | |
| Clay, sandy tan | | | | 0 | | 4 | | 10. Screen: Manufacturer's name shop Type slots Dia. 4" Slot/gauze 3/32" Length 16' Set between 43 ft. and 59 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8" | | | |
| Krius fin | | | | | | | | 11. Static water level: _____ no./day/yr. 34 ft. below land surface Date 5/3/78 | | | |
| Sandstone, yellow & brown, fine | | | | 4 | | 8 | | 12. Pumping level below land surfaces: ND ft. after 42 hrs. pumping 5 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 7 g.p.m. | | | |
| Shale, clayey, gray & yellow; contains little sandstone | | | | 8 | | 46 | | 13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | | | |
| Sandstone, very fine, silty, gray | | | | 46 | | 48 | | 14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade | | | |
| Shale, gray | | | | 48 | | 51 | | 15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 13 ft. | | | |
| Sandstone, fine, light gray | | | | 51 | | 58 | | 16. Nearest source of possible contamination: Open field ft. _____ Direction _____ Type field Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Shale, dark gray | | | | 58 | | 70 | | 17. Pump: Manufacturer's name <input checked="" type="checkbox"/> Not installed 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: | | | | | | | | | |
| Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | 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. Stephane Dilling 126 Business name _____ License No. _____ Address Salina Kansas Signed Of Jeff 5/3/78 Authorized representative _____ Date | | | | | | | | | |

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

Form WWC-5