

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 <b>Saline</b>		Fraction <b>NE 1/4 SW 1/4 NE 1/4</b>	Section number <b>7</b>	Township number <b>T 13 S</b>	Range number <b>R 4 W E/W</b>
2. Distance and direction from nearest town or city: <b>2 mi. S. + 2 mi. W. of Culver</b>			3. Owner of well: <b>Allan E Smith</b> R.R. or street: <b>Rt. 2 Box 49</b> City, state, zip code: <b>Salina Kans 67401</b>		
4. Locate with "X" in section below:		Sketch map:			
<p style="text-align: center;">N 1 Mile W E S 1 Mile</p>					
5. Type and color of material		From	To	6. Bore hole dia. <b>4</b> in. Completion date <b>Sept 22, 1978</b> Well depth <b>46</b> ft.	
<b>Clay, brown &amp; rubble</b>		<b>0</b>	<b>4</b>	7. <input checked="" 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	
<b>Kiowa fm:</b>				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	
<b>Shale, yellow-grey</b>		<b>4</b>	<b>25</b>	9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>46</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>200</b>	
<b>Sandstone, fine &amp; shale, yellow-grey</b>		<b>25</b>	<b>40</b>	10. Screen: Manufacturer's name <b>Sharp</b> Type <b>slots</b> Dia. <b>4"</b> Slot/gauze <b>1/16"</b> Length <b>20'</b> Set between <b>26</b> ft. and <b>46</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/16"</b>	
<b>Shale, dark grey</b>		<b>40</b>	<b>60</b>	11. Static water level: _____ mo./day/yr. <b>19</b> ft. below land surface Date <b>9/15/78</b>	
				12. Pumping level below land surfaces: <b>ND</b> ft. after <b>1</b> hrs. pumping <b>6</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>0</b> g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> 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 <b>3</b> ft. to <b>13</b> ft.	
				16. Nearest source of possible contamination: ft. <b>Open</b> Direction <b>field</b> Type _____ 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	
		(Use a second sheet if needed)			
18. Elevation:	19. Remarks:		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. <b>Hypocrite Drilling Co-126</b> Business name <b>Salina, Kansas</b> License No. _____ Address _____ Signed <b>Del Ferst</b> Date <b>10/5/78</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

13 4 7  
R  
E  
Sec  
1/4 1/4 1/4  
NE SW NE

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

Form WWC-5