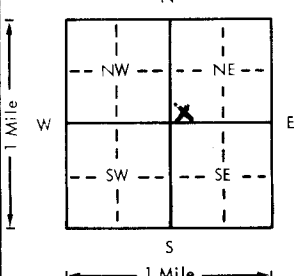


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>SW 1/4 SW 1/4 NE 1/4</u>		Section number <u>7</u>		Township number T <u>13</u> S		Range number R <u>4W</u> E/W	
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>2 mi. S + 2 mi. W, Culver</u>				3. Owner of well: <u>Allen E Smitu</u> R.R. or street: <u>Rt. 2 Bx 49</u> City, state, zip code: <u>Salina Kans 67401</u>					
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map: 		6. Bore hole dia. <u>6</u> in. Completion date <u>9/22/78</u> Well depth <u>66</u> ft.			
5. Type and color of material				From		To		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	
Clay, brown Kicwa: Shale, yellow & gray Sandstone, fine Sandstone, fine shale, light gray Shale, light gray & siltstone				0		5		9. Casing: Material _____ Height <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>66</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>	
				5		42		10. Screen: Manufacturer's name <u>Skup</u> Type <u>slots</u> Dia. <u>4"</u> Slot/gauze <u>1/16"</u> Length <u>20</u> Set between <u>46</u> ft. and <u>66</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/16"</u>	
				42		53		11. Static water level: _____ mo./day/yr. <u>25</u> ft. below land surface Date <u>9/16/78</u>	
				53		64		12. Pumping level below land surfaces: <u>ND</u> ft. after <u>42</u> hrs. pumping <u>5</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>6</u> g.p.m.	
				64		80		13. Water sample submitted: _____ ma./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
								14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> 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 <u>3</u> ft. to <u>13</u> ft.	
								16. Nearest source of possible contamination: ft. <u>Open</u> Direction <u>field</u> 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. <u>Hydromatic Drilling Co-126</u> Business name _____ License No. _____ Address <u>Salina, Kans</u> Signed <u>O. J. Fent</u> Date <u>10/5/78</u> Authorized representative					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley									

T 13
R 4W
E
S
Sec 7
1/4 1/4 1/4
SUSSENE

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

Form WWC-5