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

WATER WELL RECORD
KSA 82a-1201-1215

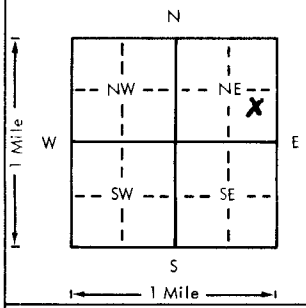
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Saline	NE 1/4 SE 1/4 NE 1/4	7	T 13 S	R 4W E/W

2. Distance and direction from nearest town or city: 2 Mi. S + 2 W of Culver
Street address of well location if in city:

3. Owner of well: Allan Smith
R.R. or street: Rt. 2
City, state, zip code: Salina Kans 67401

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 6 in. Completion date
Well depth 60 ft. 6/9/78

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Materiol ____ Height: Above or below
Threaded ____ Welded ____ Surface 12 in.
RMP X PVC ____ Weight ____ lbs./ft.
Dia. 4 in. to 60 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. #200

5. Type and color of material	From	To
Silt, sandy	0	7
Kiowa fm:		
Shale, yellow-gray & gray	7	39
Sandstone, fine	39	47
Sandstone, fine + shale, light gray	47	55
Shale, sandy, gray	55	60

(Use a second sheet if needed)

10. Screen: Manufacturer's name Shop
Type slots Dia. 4"
Slot/gauze 1/16" Length 20'
Set between 40 ft. and 60 ft.
____ ft. and ____ ft.
Gravel pack? Y Size range of material 1/10"

11. Static water level: mo./day/yr.
31.5 ft. below land surface Date 6/9/78

12. Pumping level below land surfaces:
ND ft. after 1/2 hrs. pumping 7 g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 8 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? Y
With: X Neat cement __ Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. Open Direction Field Type
Well disinfected upon completion? X Yes __ No

17. Pump: X Not installed
Manufacturer's name
Model number HP Volts
Length of drop pipe ft. capacity g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
X Hill
__ Slope
__ Upland
__ Valley

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.
Hydraulic Drilling 126
Business name License No.
Address Salina Kans
Signed O. L. Fent 7/6/78
Authorized representative Date

T 13 R 4 E/W Sec 7 1/4 1/4 1/4 NE SE NE

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

Form WWC-5

MI-1023