

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

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <u>Salina</u>	Township name	Fraction <u>SE SW</u>	Section number <u>26</u>	Town number <u>135</u>	Range number <u>4W</u>
Distance and direction from nearest town or city:				3 Owner of well: <u>Thomas Taylor</u>		
Street address of well location if in city:				Address: <u>Salina Kans</u>		
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>86</u> ft. Date of completion <u>9-5-75</u> Well diameter <u>4</u> in.		
				5 <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		
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material <u>RMP</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>7</u> in. to <u>86</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
2 Type and color of material		From	To	8 Screen:		
<u>Clay, sandy</u>		<u>0</u>	<u>3</u>	Manufacturer <u>Slop</u>		
<u>Shale, gray</u>				Type <u>RMP</u> Dia. <u>4"</u>		
<u>Sandstone, fine, yellow</u>		<u>3</u>	<u>19</u>	Slot/gauze <u>3/32</u> Length <u>15</u>		
<u>Shale, gray</u>		<u>19</u>	<u>40</u>	Set between <u>17</u> ft. and <u>19</u> ft. <u>40-45</u>		
<u>Sandstone, very fine, silty</u>		<u>40</u>	<u>45</u>	Fittings: <u>4 78-86</u>		
<u>Shale, gray</u>		<u>45</u>	<u>78</u>	Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4</u>		
<u>Sandstone, fine to very fine, silty</u>		<u>78</u>	<u>85</u>	9 Static water level: _____ ft. below land surface Date _____		
<u>Shale, clay, gray</u>		<u>85</u>	<u>94</u>	10 Pumping level below land surfaces: <u>55</u> ft. after <u>1</u> hrs. pumping <u>2</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>2</u> g.p.m.		
<u>Thin sand shale:</u>				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<u>Shale, red brown & gray-green</u>		<u>94</u>	<u>100</u>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>3</u> ft. to <u>13</u> ft.		
				14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				15 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		
16 Remarks: elevation		(use a second sheet if needed)		17 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 126</u> Business name _____ License No. _____ Address <u>Salina, Mo</u> Signed <u>Ol' Joe</u> Date <u>9-10-75</u> Authorized representative		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5