

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<br><b>Saline</b> | Fraction<br><b>NW 1/4 NW 1/4 SW 1/4</b>  | Section number<br><b>30</b>  | Township number<br>T <b>13</b> S   | Range number<br>R <b>4 W</b> EW  |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city: <b>1.5 mi N 3W of Heaville</b>                              |                         |  | 3. Owner of well: <b>Cloyd Dent</b><br>R.R. or street: <b>730 Willow Drive</b><br>City, state, zip code: <b>Salina Kans 67401</b>  |  |  |
| 4. Locate with "X" in section below:  |                         | Sketch map:  |  | 6. Bore hole dia. <u>6</u> in. Completion date _____<br>Well depth <u>25</u> ft. <u>3/10/79</u>  |  |
|   |                         | 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><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<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other |  |
|   |                         |  |  | 9. Casing: Material _____ Height: <u>Above</u> or below<br>Threaded _____ Welded _____ Surface <u>12</u> in.<br>RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft.<br>Dia. <u>4</u> in. to <u>25</u> ft. depth Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth gage No. <u>200</u>                                 |  |
| 5. Type and color of material   |                         |  | From   | To   | 10. Screen: Manufacturer's name <u>Skup</u>  |
| <u>Clay, light brown</u>  |                         |  | <u>0</u>   | <u>22</u>  | Type <u>slots</u> Dia. <u>4"</u>   |
| <u>Gravel, coarse &amp; sand, fine</u>  |                         |  | <u>22</u>  | <u>25</u>  | Slot/gauze <u>1/16"</u> Length <u>3'</u>   |
| <u>Shale, gray-green &amp; red</u>  |                         |  | <u>25</u>  | <u>28</u>  | Set between <u>22</u> ft. and <u>25</u> ft.<br>_____ ft. and _____ ft.   |
|   |                         |  |  |  | Gravel pack? _____ Size range of material <u>1/16"</u>   |
|   |                         |  |  |  | 11. Static water level: _____ mo./day/yr.<br><u>15</u> ft. below land surface Date <u>3/10/79</u>  |
|   |                         |  |  |  | 12. Pumping level below land surfaces:<br><u>ND</u> ft. after <u>1/2</u> hrs. pumping <u>4</u> g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <u>4</u> g.p.m.  |
|   |                         |  |  |  | 13. Water sample submitted: _____ mo./day/yr.<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____  |
|   |                         |  |  |  | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade   |
|   |                         |  |  |  | 15. Well grouted? <input checked="" type="checkbox"/><br>With: <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete _____<br>Depth: From <u>3</u> ft. to <u>13</u> ft.   |
|   |                         |  |  |  | 16. Nearest source of possible contamination:<br>ft. <u>150'</u> Direction <u>N</u> Type <u>Stock lot</u><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No  |
|   |                         |  |  |  | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |
|   |                         |  | (Use a second sheet if needed)   |  |  |
| 18. Elevation:  | 19. Remarks:            |  | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><u>Hydraulic Drilling Co 126</u><br>Business name _____ License No. _____<br>Address <u>Salina, Kans</u><br>Signed <u>O. J. Faust</u> Date <u>4/8/79</u><br>Authorized representative |  |  |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input checked="" type="checkbox"/> Valley |                         |  |  |  |  |

T 13  
 R 4 W  
 Sec 30  
 NW 1/4 SW 1/4

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

Form WWC-5