

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 Saline	Fraction SW 1/4 NW 1/4 SW 1/4	Section number 14	Township number T 13 S	Range number R 5W E/W
2. Distance and direction from nearest town or city: 1 E + 1.25 N of Glendale			3. Owner of well: Al. Turner R.R. or street: Rt. 2 City, state, zip code: Salina Ks 67401			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. 6 in. Completion date Well depth 50 ft. 5-26-77	
		CBC			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	
					8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
5. Type and color of material		From	To	9. Casing: Material _____ Height: above or below Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to 50 ft. depth Well Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 3-40		
Kiowa fm:				10. Screen: Manufacturer's name Skup		
Sandstone, medium, brown		0	5	Type slots Dia. 4" Slot/gauze 1/16" Length 5' Set between 45 ft. and 50 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/10"		
Shale, light gray		5	12	11. Static water level: _____ mo./day/yr. 26.5 ft. below land surface Date 5-26-77		
Sandstone, fine to medium		12	48	12. Pumping level below land surfaces: 40 ft. after 1/2 hrs. pumping 0 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 10 _____ g.p.m.		
Shale, dark gray		48	50	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter 12 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 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: ft. _____ Direction Around Type pasture 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:				
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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 Co 126 Business name _____ License No. _____ Address Salina News Signed Delbert 7-11-77 Date _____ Authorized representative				

T 13
 R 5W
 Sec 14
 SW 1/4 NW 1/4 SW 1/4

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

Form WWC-5