

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

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

WATER WELL RECORD  
KSA 82a-1201-1215

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

1 Location of well:	County <i>Salina</i>	Township name	Fraction <i>NE NE</i>	Section number <i>28</i>	Town number <i>13S</i>	Range number <i>5W</i>
Distance and direction from nearest town or city: <i>West end Glendale</i>			3 Owner of well: <i>Arland Mcipes</i>			
Street address of well location if in city: <i>Kans</i>			Address: <i>Rt. 1 Brookville Ks</i>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>40'</u> ft. Date of completion <u>3-22-75</u>		
N				Well diameter <u>4"</u> in.		
W				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		
E				6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well		
				7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>4"</u> in. to <u>40</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>4</u> in. to <u>    </u> ft. depth		
2 Type and color of material				From	To	8 Screen:
<i>Clay, buff</i>				<i>0</i>	<i>3.5</i>	Manufacturer _____ Type <u>PVC</u> Dia. <u>4"</u> Slot/gauze <u>3/32"</u> Length <u>3'</u> Set between <u>37</u> ft. and <u>40</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>44</u>
<i>Kiowa fm: Shale, clayey, yellow + gray</i>				<i>3.5</i>	<i>20.5</i>	9 Static water level: _____ ft. below land surface Date _____
<i>Sandstone, very hard calcareous</i>				<i>20.5</i>	<i>21</i>	10 Pumping level below land surfaces: <u>36</u> ft. after <u>1</u> hrs. pumping <u>1/2</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
<i>" , fine, soft</i>				<i>21</i>	<i>27</i>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
<i>shale, gray</i>				<i>27</i>	<i>30</i>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
<i>Sandstone, fine; interbedded with shale, gray</i>				<i>30</i>	<i>38</i>	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>0</u> ft. to <u>10</u> ft.
<i>Shale, light + dark gray</i>				<i>38</i>	<i>66</i>	14 Nearest source of possible contamination: ft. <u>60'</u> Direction <u>N</u> Type <u>ST</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Quartzite, calcareous</i>				<i>66</i>	<i>67</i>	15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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
<i>Shale, light gray</i>				<i>67</i>	<i>74</i>	16 Remarks: elevation
<i>Quartzite, calcareous</i>				<i>74</i>	<i>75.2</i>	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. <i>Johnnie D. Dilling Co 126</i> Business name _____ License No. _____ Address <u>Salina Ks</u> Signed _____ Date <u>3-22-75</u> Authorized representative
<i>Shale, light + dark gray</i>				<i>75.2</i>	<i>93</i>	
<i>Minnesota shale:</i>						
<i>Shale, silty, red-brown + light greenish-gray</i>				<i>93</i>	<i>96</i>	
<i>(use a second sheet if needed)</i>						
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5