

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 SALINE	Township name SOLOMAN	Fraction NE 1/4	Section number 1	Town number T14 S	Range number R 1 W
Distance and direction from nearest town or city: 3 miles so of Soloman, Ks				3 Owner of well: H. D. HULL Address: 537 W. BELoit SALINA, KANSAS		
Locate with "X" in section below: N W E S 1 Mile				Sketch map: IRIGATION WELL		
2 Type and color of material				4 Well depth: 62 ft. Date of completion 12-10-76 Well diameter 30 in.		
				5 <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
From To				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 TRANSITE Weight: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. Weight 30 lbs./ft. 16 in. to 62 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8 Screen:				9 Static water level: 22 ft. below land surface Date 12-10-76		
				10 Pumping level below land surfaces: 55 ft. after 3 hrs. pumping 275 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 275 g.p.m.		
9 SAND - MEDIUM TO COARSE				11 Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 12-20-76		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
10 SAND - MEDIUM				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Pulverized clay Depth: From 0 ft. to 10 ft.		
				14 Nearest source of possible contamination: House ft. 1300 Direction N Type Well Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
11 SHALE - BLUE				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		
				16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		
(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. PETERSON IRR. INC 138A Business name License No. Address Box 150 LINDSBOROUGH, KS Signed William J. Peterson Date 1-2 Authorized representative 77		
				16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		

14 100 1 NE