

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 SE 1/4 NW 1/4 NW 1/4	Section number 3	Township number T 14 S	Range number R 2 W E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: 2 E SALINA				3. Owner of well: Jack Siler R.R. or street: RT 3 City, state, zip code: Salina Kans 67401		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 6 in. Completion date June 1976 Well depth 51 ft.		
				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		
5. Type and color of material				From	To	8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
Alluvium:						9. Casing: Material PVC Height Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface T2 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to 51 ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. 237 in
Clay, gray + buff				0	33	10. Screen: Manufacturer's name Serp Type slotted Dia. 4" Slot/gauze _____ Length _____ Set between 48 ft. and 51 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8"
Gravel fine + sand				33	43	11. Static water level: _____ mo./day/yr. 19 ft. below land surface Date June 1976
Gravel medium + sand				43	51	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 60 g.p.m.
						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"/> Y With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 3 ft. to 13 ft.
						16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ 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 type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" 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 Salina Kans License No. _____ Address _____ Signed O.J. Faust Date 7-15-76 Authorized representative				

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

Form WWC-5