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21.2
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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 | Fraction SE SW SE | Section number 6 | Town number 145 | Range number 2W |
| Distance and direction from nearest town or city: Street address of well location if in city: | | | | 3 Owner of well: Don Diederich Address: 404 Albert Salina Ks. | | |
| Locate with "X" in section below: N W E S 1 Mile | | Sketch map: <i>In feet below surface</i> | | 4 Well depth: 58 ft. Date of completion 7-28-75 Well diameter 4 in. | | |
| 2 Type and color of material | | From To | | 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 | | |
| | | | | 6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> | | |
| Alluvium: Clay, gray & buff Gravel, med-fine & sand, silty Clay, tan & blue-gray, sandy Gravel, medium to fine & sand, silty Gravel, fine to coarse & sand | | 37 48 48 53 53 58 | | 7 Casing: Material RMP Height: above / Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. _____ Weight _____ lbs./ft. _____ 4 in. to 58 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth | | |
| | | | | 8 Screen: Manufacturer shop Type RMP Dia. 4 Slot/gauze 3/32 Length 3 Set between 55 ft. and 58 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4" | | |
| Wellington formation: Shale, yellow & dark gray | | 58 59.5 | | 9 Static water level: 23.2 ft. below land surface Date 7-28-75 | | |
| | | | | 10 Pumping level below land surfaces: 35 ft. after 42 hrs. pumping 20 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 30 g.p.m. | | |
| (use a second sheet if needed) | | | | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | | |
| | | | | 12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade | | |
| | | | | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 3 ft. to 13 ft. | | |
| | | | | 14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | 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 | | |
| | | | | 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. Hydraulic Drilling 126 Business name _____ License No. _____ Address Salina 740 Signed D.P. Faust Date 9-10-75 Authorized representative | | |
| 16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley | | | | | | |

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

Form WWC-5