

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

143.2
22.5
120.7

1. Location of well: County <u>Saline</u>		Fraction <u>SW 1/4 SE 1/4 NE 1/4</u>		Section number <u>6</u>		Township number <u>T 14 S</u>		Range number <u>R 2W E/W</u>			
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>2 mi E Salina</u>				3. Owner of well: <u>Larry Coates</u> R.R. or street: <u>RT. 1</u> City, state, zip code: <u>New Cambria KS 67470</u>							
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map: 		6. Bore hole dia. <u>6"</u> in. Completion date <u>5-2-77</u> Well depth <u>59</u> ft.		7. <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		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	
5. Type and color of material				From		To		9. Casing: Material <u>Plast</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4"</u> in. to <u>59</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>Sch 40</u>			
<u>Alluvium:</u>								10. Screen: Manufacturer's name <u>shop</u> Type <u>slots</u> Dia. <u>4"</u> Slot/gauze <u>3/32</u> Length <u>3'</u> Set between <u>56</u> ft. and <u>59</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8</u>			
<u>Clay, silty, buff & gray</u>				<u>0</u>		<u>38</u>		11. Static water level: _____ mo./day/yr. <u>22.5</u> ft. below land surface Date <u>5-2-77</u>			
<u>Sand, fine to medium</u>				<u>38</u>		<u>42</u>		12. Pumping level below land surfaces: <u>42</u> ft. after <u>42</u> hrs. pumping <u>30</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.			
<u>Gravel fine & sand, silty</u>				<u>42</u>		<u>48</u>		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
<u>Gravel, coarse to fine</u>				<u>48</u>		<u>59</u>		14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> 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 <u>3</u> ft. to <u>13</u> ft.			
								16. Nearest source of possible contamination: ft. <u>70</u> Direction <u>N</u> Type <u>septic tank</u> 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			
								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. <u>Hydramatic Drilling Co-126</u> Business name _____ License No. _____ Address <u>Salina, Kans</u> Signed <u>D. J. Feist</u> Date <u>5-27-77</u> Authorized representative			
18. Elevation:		19. Remarks:									
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley											

721

2/2/13

T 14
R 2W
E
S
6 SW SE NE
1/4 1/4 1/4

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

Form WWC-5