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	Fraction	Section number	Township number	Range number
	Saline	SW 1/4 SE 1/4 ~~NW~~ NE 1/4	6	T 14 S	R 2W E/W

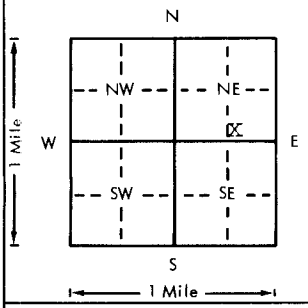
2. Distance and direction from nearest town or city: 1 mi. E. Salina

Street address of well location if in city:

3. Owner of well: Larry Coates
R.R. or street: Rt. 1
City, state, zip code: New Cambria, Kansas 67470

4. Locate with "X" in section below:

Sketch map:



6. Bore hole dia. 6 in. Completion date 5/17/78
Well depth 55 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material ____ Height: Above or below
Threaded ____ Welded ____ Surface ____ in.
RMP X PVC ____ Weight ____ lbs./ft.
Dia. 4 in. to 55 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 200

5. Type and color of material	From	To
Clay, silty, tan	0	24
Silt, sandy, tan and gray	24	40
Gravel, fine to coarse and sand	40	55
(Use a second sheet if needed)		

10. Screen: Manufacturer's name shop
Type slots Dia. 4"
Slot/gauze 3/32" Length 3'
Set between 52 ft. and 55 ft.
____ ft. and ____ ft.
Gravel pack? Y Size range of material 3/8"

11. Static water level: mo./day/yr.
21 ft. below lond surface Date 5/17/78

12. Pumping level below land surfaces:
35 ft. after ½ hrs. pumping 30 g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 50 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date ____

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? Y
With: X Neat cement __ Bentonite __ Concrete
Depth: From 3 ft. to 13 ft.

16. Nearest source of possible contamination:
ft. 80' Direction N Type Septic
Well disinfected upon completion? X Yes __ No

17. Pump: X Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
__ Hill
__ Slope
__ Upland
X Valley

19. Remarks:

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 License No.
Address Salina, Kans
Signed [signature] Date 5/31/78
Authorized representative

T 14 R 2 (W) Sec 6 1/4 SENE 1/4 1/4

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

Form WWC-5

MI-1023