

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<br><u>Saline</u> | Fraction<br><u>NW 1/4 NW 1/4 SW 1/4</u> | Section number<br><u>6</u>  | Township number<br><u>T 14 S R 2</u>  | Range number<br><u>2</u> | <u>EW</u>  |  |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city: <u>1/2 NE SALINA</u>  |                         |   | 3. Owner of well: <u>Continental Equipment Co</u><br>R.R. or street: <u>Box 1181</u><br>City, state, zip code: <u>Salina, Kans. 67401</u> |   |                          |  |  |
| 4. Locote with "X" in section below:  |                         | Sketch map:                             |   | 6. Bore hole dia. <u>6</u> in. Completion date <u>3-17-76</u><br>Well depth <u>58.5</u> ft.   |                          |  |  |
|   |                         |   |   | 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary  |                          |  |  |
|   |                         |   |   | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Low n <input type="checkbox"/> Oil field water <input type="checkbox"/> Other |                          |  |  |
| 5. Type and color of material   |                         | From                                    |   | To  |                          | 9. Casing: Material <u>PVC</u> Height: (Above or below)<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in.<br>RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft.<br>Dia. <u>4</u> in. to <u>58.5</u> ft. depth Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth gage No. <u>0237</u>  |  |
| <u>Aluminum</u>   |                         |   |   |   |                          | 10. Screen: Manufacturer's name <u>Skop</u><br>Type <u>slots</u> Dia. <u>4</u> "<br>Slot/gouze <u>3/32</u> Length <u>3</u> ft<br>Set between <u>58.5</u> ft. and <u>58.5</u> ft.<br>_____ ft. and _____ ft.<br>Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8</u>  |  |
| <u>Silt, clayey, buff</u>   |                         | <u>0</u>                                |   | <u>28</u>   |                          | 11. Static water level: _____ mo./day/yr.<br><u>26.5</u> ft. below land surface Date <u>3-17-76</u>  |  |
| <u>Sand, fine to coarse, silty</u>  |                         | <u>28</u>                               |   | <u>38</u>   |                          | 12. Pumping level below land surfaces:<br><u>38</u> ft. after <u>1</u> hrs. pumping <u>60</u> g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <u>75</u> g.p.m.  |  |
| <u>Gravel, fine to coarse sand</u>  |                         | <u>38</u>                               |   | <u>59</u>   |                          | 13. Water sample submitted: _____ mo./day/yr.<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____  |  |
|   |                         |   |   |   |                          | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <u>12</u> inches above grade   |  |
|   |                         |   |   |   |                          | 15. Well grouted? <input checked="" type="checkbox"/><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <u>3</u> ft. to <u>13</u> ft.   |  |
|   |                         |   |   |   |                          | 16. Nearest source of possible contamination:<br>ft. _____ Direction _____ Type _____<br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|   |                         |   |   |   |                          | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |  |
|   |                         |   |   |   |                          | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><u>Saline Harris</u> License No. _____<br>Address <u>Saline, Kansas</u><br>Signed <u>Carl Faust</u> Date <u>5-17-76</u><br>Authorized representative  |  |
| 18. Elevation:  |                         | 19. Remarks:                            |   |   |                          |  |  |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input checked="" type="checkbox"/> Valley |                         |   |   |   |                          |  |  |

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

Form WWC-5