

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <i>Saline</i>	Township name	Fraction <i>NESW</i>	Section number <i>11</i>	Town number <i>14s</i>	Range number <i>2W</i>		
Distance and direction from nearest town or city: Street address of well location if in city:				3 Owner of well: <i>Ron Miller</i> Address: <i>Rt 3 Salina</i>				
Locate with "X" in section below: N W X E S 1 Mile			Sketch map: 		4 Well depth: <i>70</i> ft. Date of completion <i>7-7-75</i> Well diameter <i>4</i> 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"/>	
<i>Aluminum</i>							7 Casing: Material <i>RMP</i> Height: <i>Above</i> /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>12</i> in. Diam. _____ Weight _____ lbs./ft. _____ <i>4</i> in. to <i>70</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
							8 Screen: Manufacturer <i>Serp</i> Type <i>RMP</i> Dia. <i>4</i> " Slot/gauze <i>3/32</i> Length <i>10'</i> Set between <i>60</i> ft. and <i>70</i> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>1/4"</i>	
<i>Clay, silty, gray</i>			<i>0</i>		<i>22</i>		9 Static water level: <i>18</i> ft. below land surface Date <i>7-7-75</i>	
<i>Wellington fm:</i>							10 Pumping level below land surfaces: _____ ft. after <i>1/2</i> hrs. pumping <i>20</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>30</i> g.p.m.	
<i>Shale, gray + gray-green</i>			<i>22</i>		<i>51</i>		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
<i>Limestone, white + blue-gray</i>			<i>51</i>		<i>54</i>		12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade	
<i>Shale, gray</i>			<i>54</i>		<i>60</i>		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 <i>3</i> ft. to <i>13</i> ft.	
<i>Shale, gray, interbedded with dolomitic limestone, silty</i>			<i>60</i>		<i>70</i>		14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(use a second sheet if needed)							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	
							16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	
							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. <i>Hydraulic Drilling 126</i> Business name _____ License No. _____ Address <i>Salina KS</i> Signed <i>Ad Faust</i> Date <i>7-25-75</i> Authorized representative	

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

Form WWC-5