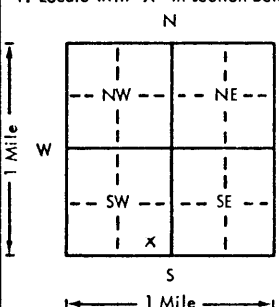


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <i>Saline</i>	Fraction <i>SE 1/4 SE 1/4 SW 1/4</i>	Section number <i>11</i>	Township number <i>T 14 S</i>	Range number <i>S R 2 W EW</i>
2. Distance and direction from nearest town or city: Street address of well location if in city: <i>25 New Cambria</i>				3. Owner of well: <i>Russel Guthrie</i> R.R. or street: <i>324 E Jewell</i> City, state, zip code: <i>Salina Kansas 67401</i>		
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <i>6</i> in. Completion date <i>2-24-76</i> Well depth <i>86</i> ft.		
5. Type and color of material <i>in feet below surface</i>				7. <input checked="" 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		
Colluvium				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		
Clay, silty, tan				9. Casing: Material <i>PVC</i> Height: <i>Above</i> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <i>4</i> in. to <i>86</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>2237</i>		
Washington formation				10. Screen: Manufacturer's name <i>Baker</i> Type <i>PVC</i> Dia. <i>4"</i> Slot/gauze <i>3/32</i> Length <i>30'</i> Set between <i>56</i> ft. and <i>86</i> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>3/8</i>		
Shale gray				11. Static water level: <input type="checkbox"/> mo./day/yr. <i>56</i> ft. below land surface Date <i>2-24-76</i>		
Shale, gray; contains interbedded gypsum				12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <i>1</i> hrs. pumping <i>5</i> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <i>7</i> g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> 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 <i>3</i> ft. to <i>13</i> ft.		
				16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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		
(Use a second sheet if needed)						
18. Elevation:		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. <i>Hydraulic Drilling</i> <i>126</i> Business name License No. Address <i>Rt 2 Salina</i> Signed <i>Ol Fert</i> Date <i>3-1-76</i> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 14 S R 2 W E 11 SE Sec 11

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

Form WWC-5