

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 <u>Saline</u>	Fraction <u>NW 1/4 NW 1/4 NE 1/4</u>	Section number <u>16</u>	Township number T <u>14</u> S	Range number R <u>2W</u> E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <u>Stan O'Neil</u> R.R. or street: <u>Rt. 5</u> City, state, zip code: <u>Salina Kansas 67401</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>6</u> in. Completion date _____ Well depth <u>40.5</u> ft. <u>10-1-76</u>	
				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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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 _____ Height <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>40.5</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>Seal 40</u>	
<u>Alluvium:</u>				10. Screen: Manufacturer's name <u>Seep</u>	
<u>Clay + silt, tan</u>		<u>0</u>	<u>12</u>	Type <u>Seep</u> Dia. <u>4"</u> Slot/gauze <u>1/16"</u> Length <u>3'</u> Set between <u>37.5</u> ft. and <u>40.5</u> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/10"</u>	
<u>Silt, sandy</u>		<u>12</u>	<u>33</u>	11. Static water level: _____ mo./day/yr. <u>18</u> ft. below land surface Date <u>10-1-76</u>	
<u>Gravel fine to coarse + sand, medium</u>		<u>33</u>	<u>40.5</u>	12. Pumping level below land surfaces: _____ ft. after <u>1/2</u> hrs. pumping <u>8</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> g.p.m.	
<u>Clay, silty + sand, fine</u>		<u>40.5</u>	<u>48</u>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
<u>Wellington fm:</u>				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
<u>Shale, gray</u>		<u>48</u>	<u>49</u>	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. _____ Direction _____ Type _____ 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>Hydraulic Drilling</u> <u>126</u> Business name _____ License No. _____ Address <u>Salina Kansas</u> Signed <u>Carl Faust</u> <u>10-9-76</u> Date _____ Authorized representative	
18. Elevation:		19. Remarks:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

T 14 R 2W E 16 Sec 16 NW 1/4 NE

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

Form WWC-5