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	Township name	Fraction	Section number	Town number	Range number
	Saline		NW NE	16	14S	2W

Distance and direction from nearest town or city: 1½ Mi. E. Salina

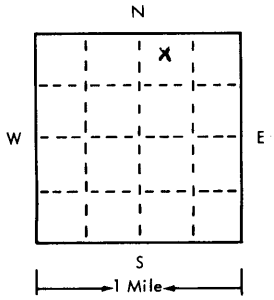
Street address of well location if in city:

3 Owner of well: Tom R Young

Address: 740 S. 9th Salina Ks

Locate with "X" in section below:

Sketch map:



4 Well depth: 42.5 ft. Date of completion 3-25-75
Well diameter 4 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐

7 Casing: Material PVC
Threaded ☐ Welded ☒
Diam. 4 in. to 42.5 ft. depth
___ in. to ___ ft. depth
Height: above/below Surface 12 in.
Weight ___ lbs./ft.
Drive shoe? ☐ Yes ☒ No

Feet below surface

2 Type and color of material	From	To
Alluvium Clay, gray	0	11
Sand, fine	11	12
Clay, buff	12	13.5
Gravel, med. - fine & sand	13.5	15
Clay, buff	15	23
Gravel, coarse & sand	23	25
Clay, yellow	25	32
Sand, fine	32	34
Gravel, medium & sand	34	35.5
Clay, yellow	35.5	39
Gravel, fine & sand	39	42.5
Wellington fm:		
Shale, yellow & dark gray	42.5	46
(use a second sheet if needed)		

8 Screen:
Manufacturer slotted
Type PVC Dia. 4"
Slot/gauze ~~3/32" 1/16~~ Length 3'
Set between 39.5 ft. and 42.5 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material E

9 Static water level:
___ ft. below land surface Date ___

10 Pumping level below land surfaces:
37 ft. after 1 hrs. pumping 7 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 7 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☐ Pitless adapter ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ ___
Depth: From 3 ft. to 13 ft.

14 Nearest source of possible contamination:
ft. 250 Direction N Type Stream
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☐ Upland
☒ 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.
Applewhite Drilling Co 126
Business name License No.
Address Rt 2 Salina
Signed [signature] Date 3-27-75
Authorized representative

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

Form WWC-5

677-H