WATER WELL RECORD KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

200	Suline		Fraction 5W1/4 SE1/4		Section number		Township number	Range number
l. Location of well:							1 14 s	R ZW E/W
2. Distance and direction from nearest town or city: N. E. Saling 3. Owner address of well location if in city:					ner of well: Gage Plumbing Co street: 211 E Walnut tate, zip code: Saling Kans 67401			
4. Locate with "X" i			Sketch map:	<u> </u>			6. Bore hole dia. 🚬 in.	. Completion date
NW	I I						Well depth 70 ft. 7. Cable tool Rotary Hollow rod Jetted 8. Use: Domestic Po	Driven Dug Bored Reverse rotary ublic supply Industry
S S						Irrigation Air conditioning Stock Lawn Oil field water Other 9. Casing: Material Height: Down or below Threaded Welded Surface in. RMP PVC Weight lbs./ft. Dia in. to Off. depth Wall Thickness: inches or		
5. Type and color of material					From	То	Dia in. to ft. dep	
							10. Screen: Manufacturer's r	name
Terrace alluvium: Clay, silty, gray & brown					0	40	Type <u>slots</u> Slot/gauze	Dia
	fine,		stand fine		40	45	ft. c	
	silty,		brown		45	48	11. Static water level:	mo./day/yr. face Date 7-17-78
9	ic as4	·	te		48	55	12. Pumping level below land	
Clay	silty	brown			55	60	ft. after f	nrs. pumping g.p.m.
Saud	fine + gr	avel, fu	ie to moduin	4		69	Estimated maximum yield 13. Water sample submitted: Yes X No	mo./day/yr.
Clay,	silty .	brown			69	75	14. Well head completion: Pitless adapter	/ 2 Inches above grade
Wellingt	on fun.					ļ	15. Well grouted?	inclies above grade
-5hq	le, gray	yred			75	81	With: X Neat cement	Bentonite Concrete
							16. Nearest source of possible ft Direction	
			******				Well disinfected upon comple	Yes Not installed
	•							Volts
							Туре:	ft. capacityg.p.m.
		(Use a second s	heet if needed)				Submersible Jet Centrifugal	Reciprocating Other
8. Elevation: opography: Hill Slope Upland	19. Remarks:	`.	y				20. Water well contractor's of This well was drilled under m is true to the best of my know Busifess name Address	certification: y jurisdiction and this report
∨alley ward the white, blu	e and pink copies to	the Department	of Health and Environment				Authorized rep	Form WWC-5