

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 <b>Saline</b>	Fraction <b>SE 1/4 NW 1/4 NW 1/4</b>	Section number <b>18</b>	Township number <b>T 14</b>	Range number <b>S R 2W</b>	E/W												
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>1215 E Gypsum, Salina</b>				3. Owner of well: <b>Bob DeWitt</b> R.R. or street: <b>1215 E. Gypsum</b> City, state, zip code: <b>Salina Kansas 67401</b>															
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>6</b> in. Completion date <b>9/11/79</b> Well depth <b>45</b> ft.															
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>5. Type and color of material</td> <td>From</td> <td>To</td> </tr> <tr> <td><i>In feet:</i></td> <td></td> <td></td> </tr> <tr> <td><b>Clay &amp; silt, sandy, tan</b></td> <td><b>0</b></td> <td><b>35</b></td> </tr> <tr> <td><b>Gravel, fine to coarse + sand</b></td> <td><b>35</b></td> <td><b>45</b></td> </tr> </table>		5. Type and color of material	From	To	<i>In feet:</i>			<b>Clay &amp; silt, sandy, tan</b>	<b>0</b>	<b>35</b>	<b>Gravel, fine to coarse + sand</b>	<b>35</b>	<b>45</b>	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			
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8. Use: <input 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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other				9. Casing: Material _____ Height <b>(Above)</b> or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>45</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. <b>200</b>															
				10. Screen: Manufacturer's name <b>Shop</b> Type <b>slots</b> Dia. <b>4"</b> Slot/gauze <b>3/32"</b> Length <b>3'</b> Set between <b>42</b> ft. and <b>43</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/8"</b>															
				11. Static water level: _____ mo./day/yr. <b>26</b> ft. below land surface Date <b>9/11/79</b>															
				12. Pumping level below land surfaces: <b>40</b> ft. after <b>1/2</b> hrs. pumping <b>10</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>20</b> g.p.m.															
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____															
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> 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 <b>3</b> ft. to <b>13</b> ft.															
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type <b>NO</b> 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															
(Use a second sheet if needed)				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. <b>Hydromatic Drilling 126</b> Business name _____ License No. _____ Address <b>Salina, Kansas</b> Signed <b>O. J. Feat</b> Date <b>10/8/79</b> Authorized representative															
18. Elevation:		19. Remarks:																	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley																			

OCT 1979

T 14 R 2W E 18 SE NW 1/4 NW 1/4

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

Form WWC-5