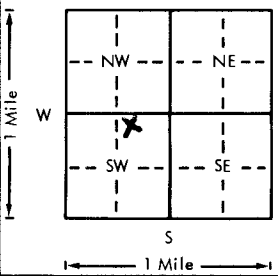


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Saline		Fraction NW 1/4 NE 1/4 SW 1/4		Section number 29		Township number T 14 S R 2W E/W		Range number 2W			
2. Distance and direction from nearest town or city: Street address of well location if in city: 1 Mi. E Salina				3. Owner of well: Bruce Broce R.R. or street: 960 S. Front City, state, zip code: Salina Kans 67401							
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile				Sketch map: 		6. Bore hole dia. 6 in. Completion date Well depth 73 ft. 5/18/78					
5. Type and color of material				From		To		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			
				Clay, gray-brown Wellington fm:				0		18	
Shale, yellow, gray + red				18		25		9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface 12 in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. 4 in. to 73 ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. 200			
Shale, yellow + gray-green + dolomite				25		55		10. Screen: Manufacturer's name Shop Type slots Dia. 4" Slot/gauze 3/32" Length 20' Set between 53 ft. and 73 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8"			
Shale, dark gray-green				55		64		11. Static water level: _____ mo./day/yr. 595 ft. below land surface Date 5/18/78			
Shale, dark gray interbedded with gypsum. Solution channels at 65 + 72				64		73		12. Pumping level below land surfaces: 10 ft. after 1 hrs. pumping 12 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ 15 g.p.m.			
(Use a second sheet if needed)								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 12 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 3 ft. to 13 ft.			
								16. Nearest source of possible contamination: ft. _____ Direction Open field 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. Hypheatic Drilling 126 Business name _____ License No. _____ Address Salina Kansas Signed Ol Faust Date 5/31/78 Authorized representative			
18. Elevation:		19. Remarks:									
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley											

T 14 S R 2W E 29 NW 1/4 SW 1/4

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

Form WWC-5