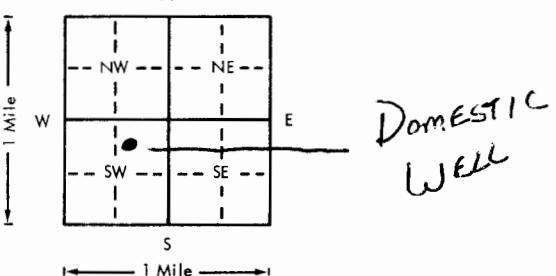


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 NE 1/4 SW 1/4</u> Section number <u>29</u> Township number <u>T 14 S R 2</u> Range number <u>2</u> NW	
2. Distance and direction from nearest town or city: <u>1 mi E of SALINA, KS.</u> Street address of well location if in city: <u>SALINA, KS.</u> 3. Owner of well: <u>Wilbur Luehring</u> R.R. or street: <u>1011 Scott</u> City, state, zip code: <u>Salina, KS. 67401</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<u>Top soil</u>	<u>0</u> <u>4</u>
<u>yellow clay</u>	<u>4</u> <u>8</u>
<u>yellow shale and rock</u>	<u>8</u> <u>45</u>
<u>Blue shale</u>	<u>45</u> <u>100</u>
(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:
6. Bore hole dia. <u>8</u> in. Completion date <u>9-1-78</u> Well depth <u>100</u> ft.	
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 checked="" 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 type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <input type="checkbox"/> Thru <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>72</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2</u> lbs./ft. Dia. <u>4</u> in. to <u>90</u> ft. depth; Wall Thickness: inches or Dia. <u>4</u> in. to <u>90</u> ft. depth; gage No. <u>25 in</u>	
10. Screen: Manufacturer's name <u>Peerless Plastics</u> Type <u>PVC</u> Dia. <u>4"</u> Slot/gauze <u>1/16</u> Length <u>20</u> Set between <u>30</u> ft. and <u>40</u> ft. <u>90</u> ft. and <u>100</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>14</u>	
11. Static water level: <u>57</u> ft. below land surface Date <u>9-1-78</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>65</u> ft. after <u>2</u> hrs. pumping <u>12</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>20</u> g.p.m.	
13. Water sample submitted: <u> </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u> </u>	
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>4</u> ft. to <u>14</u> ft.	
16. Nearest source of possible contamination: fr. <u>2500</u> Direction <u>NE</u> Type <u>Horses</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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>PETERSON IRRIGATION 138</u> Business name License No. Address <u>Box 150 LINDSBURG, KS</u> Signed <u>Mike Peterson</u> Date <u>9-25-78</u> Authorized representative	

T 14 R 2 S 29 NW 1/4 NE 1/4 SW 1/4

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

Form WWC-5