

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 NW 1/4 SW 1/4	Section number 29	Township number T 14 S	Range number R 2 W E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: 1 E Salina				3. Owner of well: Jerry Abbott R.R. or street: At 2 City, state, zip code: Salina Kans 67401		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 6 in. Completion date _____ Well depth 100 ft. 10-10-76		
				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		
5. Type and color of material		From	To	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 _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to 100 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 52040		
Clay, silty		0	3	10. Screen: Manufacturer's name 5480 Type Slots Dio. 4" Slot/gauze 3/32 Length 53' Set between 47 ft. and 100 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8		
Wellington fm:				11. Static water level: _____ mo./day/yr. 47 ft. below land surface Date 10-10-76		
Shale, yellow interbedded with dolomite		3	20	12. Pumping level below land surfaces: _____ ft. after 2 hrs. pumping 20 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 30 g.p.m.		
Shale, yellow & gray-green		20	41	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Shale, dark gray		41	57	14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade		
Shale, dark gray; interbedded with gypsum		57	65	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.		
Shale, red & gray; interbedded with gypsum				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ 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)		
18. Elevation:	19. Remarks:		20. Water well contractor's certification:			
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	Chloride 150 ppm Total hardness 1710 ppm		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Hydraulic Drilling Co 126 Business name Salina, KS License No. _____ Address _____ Signed D.J. Faust Date 10-29-76 Authorized representative			

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

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

Form WWC-5