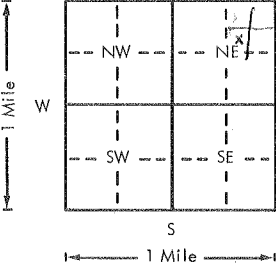


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>SW 1/4 SW 1/4 NE 1/4</u>	Section number <u>4</u>	Township number <u>T-14-S</u>	Range number <u>R-3-E/W</u>
2. Distance and direction from nearest town or city: <u>1 MILE</u> Street address of well location if in city: <u>W SALINA</u>			3. Owner of well: <u>Robert Cook</u> R.R. or street: <u>1661 West Republic</u> City, state, zip code: <u>Salina Kansas 67401</u>		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <u>8</u> in. Completion date <u>12-29-77</u> Well depth <u>60</u> ft.		
5. Type and color of material			7. <input checked="" 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 <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>14</u> lbs./ft. Dia. <u>4</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. <u>1/4</u> in. to <u>1/2</u> ft. depth gage No. <u>14</u>		
			10. Screen: Manufacturer's name <u>Peerless Plastics</u> Type <u>PVC</u> Dia. <u>4</u> in. Slot/gauze <u>1/32</u> in. Length <u>40</u> ft. Set between <u>20</u> ft. and <u>60</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4</u> in.		
			11. Static water level: <u>10</u> ft. below land surface Date <u>12/29/77</u> mo./day/yr.		
(Use a second sheet if needed)			12. Pumping level below land surfaces: <u>50</u> ft. after <u>1</u> hrs. pumping <u>6</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>6</u> g.p.m.		
			13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>		
			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u> </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: ft. <u>1000</u> Direction <u>North</u> Type <u>pasture</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(Use a second sheet if needed)			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		
			18. Elevation:		
			19. Remarks:		
			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 138A</u> Business name License No. Address <u>Box 150, Lindsborg, KS</u> Signed <u>Mike Chambers</u> Date <u>1-10-78</u> Authorized representative		
			Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		

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

Form WWC-5