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	Fraction	Section number	Township number	Range number
	SALINE	NE 1/4 NE 1/4 SE 1/4	4	T 14 S	R 3 E/W

2. Distance and direction from nearest town or city: 2mi East of
Street address of well location if in city: Salina, Ks.

3. Owner of well: Bob Cook
R.R. or street: 1661 West Republic
City, state, zip code: Salina, Ks. 67401

4. Locate with "X" in section below: Sketch map:

N
NW NE
W E
SW SE
S
1 Mile
1 Mile

DOMESTIC WELL

6. Bore hole dia. 8 in. Completion date 8-30-78
Well depth 75 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material _____ Height: Above or below
Threaded ____ Welded ____ Surface 12 in.
RMP ____ PVC X Weight 2 lbs./ft.
Dia. 4 in. to 10 ft. depth Wall Thickness: inches or
Dia. 4 in. to 65 ft. depth gage No. .25 in

5. Type and color of material	From	To
Top soil	0	3
Brown clay	3	8
Fine Red sand	8	12
Brown clay	12	15
Red sandstone	15	17
Red shale	17	20
Blue Shale	20	75

(Use a second sheet if needed)

10. Screen: Manufacturer's name Peerless Plastics
Type PVC Dia. 4
Slot/gauze 1/16 Length
Set between 40 ft. and 20 ft.
65 ft. and 75 ft.
Gravel pack? Yes Size range of material 1/4 in

11. Static water level: mo./day/yr.
9 ft. below land surface Date 8-30-78

12. Pumping level below land surfaces:
62 ft. after 2 hrs. pumping 6 g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 5 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? Yes
With: X Neat cement __ Bentonite __ Concrete
Depth: From 5 ft. to 15 ft.

16. Nearest source of possible contamination:
ft. ____ Direction ____ Type None
Well disinfected upon completion? X Yes __ No

17. Pump: X Not installed
Manufacturer's name
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
__ Hill
__ Slope
X Upland
__ Valley

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.
PETERSON IRRIGATION 138
Business name License No.
Address Box 150 Lindsborg, Ks
Signed Mike Peterson Date 9-25-78
Authorized representative

T 14 R 3 E/W Sec 4 1/4 NE 1/4 SE 1/4

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

Form WWC-5

MI-1023