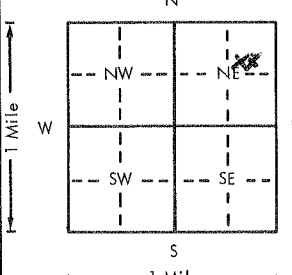


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>Saline</b>	Fraction <b>SW 1/4 NE 1/4 NE 1/4</b>	Section number <b>8</b>	Township number <b>T 14 S</b>	Range number <b>R 3 W E/W</b>
2. Distance and direction from nearest town or city: <b>4 miles NW of Salina</b>				3. Owner of well: <b>Herb Monroe</b> R.R. or street: <b>2213 Quincey</b> City, state, zip code: <b>Salina Kans 67401</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>6</b> in. Completion date <b>3-4-77</b> Well depth <b>32</b> ft.		
				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		
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
<b>Alluvium</b>						9. Casing: Material <input type="checkbox"/> Height <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>4</b> in. to <b>36</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>S. 40</b>
<b>Clay, silty, brown</b>		<b>0</b>		<b>19</b>		10. Screen: Manufacturer's name <b>Shop</b> Type <b>slots</b> Dia. <b>4"</b> Slot/gauze <b>1/16</b> Length <b>3'</b> Set between <b>29</b> ft. and <b>32</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/16"</b>
<b>Sand, fine, silty</b>		<b>19</b>		<b>21</b>		11. Static water level: <input type="checkbox"/> mo./day/yr. <b>11</b> ft. below land surface Date <b>3-4-77</b>
<b>Clay, silty brown</b>		<b>21</b>		<b>25</b>		12. Pumping level below land surfaces: <b>25</b> ft. after <b>1/2</b> hrs. pumping <b>15</b> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>27</b> g.p.m.
<b>Sand, silty</b>		<b>25</b>		<b>28</b>		13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>
<b>Gravel, medium to fine &amp; sand</b>		<b>28</b>		<b>32</b>		14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> 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 <b>3</b> ft. to <b>13</b> ft.
						16. Nearest source of possible contamination: ft. <b>500</b> Direction <b>NE</b> Type <b>residence</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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. <b>Hydraulic Drilling 126</b> Business name <b>Salina Kans</b> License No. <b>9-11-77</b> Address <b>Salina Kans</b> Signed <b>Ortner</b> Date <b>4-11-77</b> Authorized representative		

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

Form WWC-5