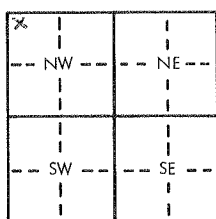


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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: <u>Saline</u>		County: <u>Saline</u>		Fraction: <u>NW 1/4 NW 1/4 NW 1/4</u>		Section number: <u>9</u>		Township number: <u>14</u>		Range number: <u>3W</u>	
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>4 mi. W. Salina</u>						3. Owner of well: <u>Wm. Brightbill</u> R.R. or street: <u>Rt 2</u> City, state, zip code: <u>Salina Kans 67401</u>					
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile						Sketch map: 					
5. Type and color of material						From		To		6. Bore hole dia. <u>6</u> in. Completion date <u>4-26-77</u> Well depth <u>31</u> 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	
Terrace: <u>Clay, yellow-gray to tan</u> <u>Gravel, coarse</u> <u>Clay, tan</u> <u>Gravel, coarse & sand, fine</u> <u>Minnesota sh:</u> <u>Shale, yellow, gray & red</u>						Feet		8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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"/> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>4</u> in. to <u>31</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>264 90</u>	
										10. Screen: Manufacturer's name <u>Shop</u> Type <u>slots</u> Dia. <u>4"</u> Slot/gauze <u>1/16"</u> Length <u>3'</u> Set between <u>28</u> ft. and <u>31</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/16"</u>	
										11. Static water level: <u>13</u> ft. below land surface Date <u>4-26-77</u> mo./day/yr.	
										12. Pumping level below land surfaces: <u>26</u> ft. after <u>1/2</u> hrs. pumping <u>2</u> g.p.m. ft. after <u>2</u> hrs. pumping <u>8</u> g.p.m. Estimated maximum yield <u>8</u> g.p.m.	
										13. Water sample submitted: <u>X</u> Yes <u>No</u> Date <u>4-26-77</u> mo./day/yr.	
										14. Well head completion: <u>12</u> Pitless adapter <u>12</u> 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 <u>0</u> ft. to <u>10</u> ft.	
										16. Nearest source of possible contamination: ft. <u>150</u> Direction <u>W</u> Type <u>pitch</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>Hydramatic Drilling</u> Model number <u>126</u> HP <u>5</u> Volts <u>277</u> Length of drop pipe <u>5</u> ft. capacity <u>5</u> g.p.m. Type: <input checked="" 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>Hydramatic Drilling</u> Business name <u>Salina, Mo</u> License No. <u>5-27-77</u> Address <u>5-27-77</u> Signed <u>Authorized representative</u> Date <u>5-27-77</u>					

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

Form WWC-5