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	SW 1/4 NW 1/4 NE 1/4	11	T 14 S	R 3W E/W

2. Distance and direction from nearest town or city:

Street address of well location if in city:

3. Owner of well: Hixson - Lehenbauer
R.R. or street: Rt. 2
City, state, zip code: Salina Kans 67401

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

N
NW | X NE
W | E
SW | SE
S
1 Mile ← → 1 Mile

6. Bore hole dia. 8 in. Completion date 2-26-76
Well depth 52 ft.

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

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

9. Casing: Material PVC Height: (Above) or below
Threaded ___ Welded ___ Surface 12 in.
RMP ___ PVC ___ Weight ___ lbs./ft.
Dia. 6 in. to 52 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 0.28

5. Type and color of material in feet below surface	From	To
Alluvium		
Clay, sandy, lt brown	0	30
Sand, fine, silty	30	40
Gravel medium & sand medium, partly cemented by siderite	40	52
Wellington formation		
Shale, dark gray	52	56

(Use a second sheet if needed)

10. Screen: Manufacturer's name Baker
Type Slot Dia. 6"
Slot/gauze 1/16 Length 8'
Set between 44 ft. and 52 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 1/10"

11. Static water level: mo./day/yr.
18 ft. below land surface Date 2-26-76

12. Pumping level below land surfaces:
36 ft. after 1 hrs. pumping 16 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 30 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? Y
With: X Neat cement __ Bentonite __ Concrete
Depth: From 3 ft. to 13 ft.

16. Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
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
__ Upland
X 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.
Hydraulic Drilling 126
Business name License No.
Address Rt. 2 Salina Ks
Signed [signature] Date 3-1-76
Authorized representative

T 14 S R 3 W Sec 11 1/4 1/4 1/4 SW NW NE

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

Form WWC-5

M1-1023