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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Saline	Sw	S W NW	11	14S	3W

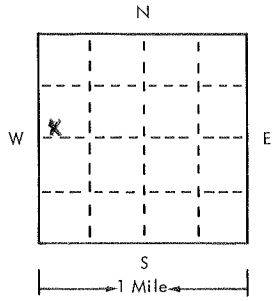
Distance and direction from nearest town or city:

Street address of well location if in city:

3 Owner of well: Metcon Corp.

Address: Rt. 2 Salina

Locate with "X" in section below:



Sketch map:

4 Well depth: 75.5 ft. Date of completion 6-30-75
Well diameter 4 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☒ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ _____

7 Casing: Material RMP Height: above/below
Threaded ☐ Welded ☐ Surface 12 in.
Diam. 4 in. to 75.5 ft. depth Weight _____ lbs./ft.
Drive shoe? ☐ Yes ☐ No
_____ in. to _____ ft. depth

2 Type and color of material	From	To
Alluvium:		
Clay, silty, gray & brown	0	29
Sand, fine to medium, little gravel	29	43 38
Gravel, fine to medium & sand	58	69
Clay, buff	69	70
Gravel, fine to coarse & sand, pentamerid	70	78
Wellington fm:		
Shale, blue-gray	78	79
(use a second sheet if needed)		

8 Screen:
Manufacturer Shop
Type RMP Dia. 4"
Slot/gauze 1/16 Length 3'
Set between 73 ft. and 75 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 2 mm

9 Static water level:
15 ft. below land surface Date 6-30-75

10 Pumping level below land surfaces:
_____ ft. after 1/2 hrs. pumping 40 g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield 60 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date _____

12 Well head completion:
☐ Pitless adapter ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 3 ft. to 13 ft.

14 Nearest source of possible contamination:
ft. _____ Direction _____ Type _____
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☐ Upland
☐ Valley

17 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 Salina Ks
Signed _____ Date 7-25-75
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5