

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>NE 1/4 NW 1/4 SW 1/4</b>	Section number <b>11</b>	Township number <b>T 14 S</b>	Range number <b>R 3W</b>	E/W <b>E/W</b>
2. Distance and direction from nearest town or city: <b>1/2 mi. W. Salina</b>			3. Owner of well: <b>Abbott Construction</b>				
Street address of well location if in city:			R.R. or street: <b>Rt. 2</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>6/19/78</b>		
					Well depth <b>74</b> ft.		
					7. <input 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		
					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		
					9. Casing: Material _____ Height: <b>Above</b> or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>74</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>#200</b>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <b>shop</b>			
<b>Alluvium:</b>				Type <b>slots</b> Dia. <b>4"</b>			
<b>Clay &amp; silt, gray &amp; brown</b>		<b>0</b>	<b>20</b>	Slot/gauze <b>1/16"</b> Length <b>3'</b>			
<b>Sand, fine</b>		<b>20</b>	<b>23</b>	Set between <b>71</b> ft. and <b>74</b> ft. _____ ft. and _____ ft.			
<b>Clay, brown</b>		<b>23</b>	<b>28</b>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/10"</b>			
<b>Sand, fine</b>		<b>28</b>	<b>39</b>	11. Static water level: _____ mo./day/yr. <b>175</b> ft. below land surface Date <b>6/19/78</b>			
<b>Gravel, fine to coarse &amp; sand</b>		<b>39</b>	<b>41</b>	12. Pumping level below land surfaces: <b>110</b> ft. after <b>1/2</b> hrs. pumping <b>30</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>40</b> g.p.m.			
<b>Silt, gray &amp; sand, fine</b>		<b>41</b>	<b>50</b>	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			
<b>Gravel, fine to medium &amp; sand, fine</b>		<b>50</b>	<b>76</b>	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade			
<b>Wellington fm:</b>				15. Well grouted? <input checked="" type="checkbox"/> <b>Y</b>			
<b>Shale, gray</b>		<b>76</b>	<b>78</b>	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>1000'</b> Direction <b>S</b> Type <b>stock pond</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 _____			
				Model number _____ HP _____ Volts _____			
				Length of drop pipe _____ ft. capacity _____ 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			
		(Use a second sheet if needed)					
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.			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley				<b>Hydronics Drilling 126</b> Business name _____ License No. _____ Address <b>Salina, Kans</b> Signed <b>O. J. Feist</b> Date <b>7/6/78</b> Authorized representative			

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

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

Form WWC-5