

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 <i>Saline</i>	Fraction <i>NE 1/4 NW 1/4 SW 1/4</i>	Section number <i>11</i>	Township number <i>T 14 S</i>	Range number <i>R 3 W E/W</i>
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: <i>Abbott Construction Co</i> R.R. or street: <i>Box 1119</i> City, state, zip code: <i>Saline Kans 67401</i>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <i>6</i> in. Completion date <i>Sept. 10, 1976</i> Well depth <i>58</i> 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		
				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		
5. Type and color of material				From	To	9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <i>12</i> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <i>4</i> in. to <i>58</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <i>237</i>
<i>Silt + clay, gray + buff</i>				<i>0'</i>	<i>34'</i>	10. Screen: Manufacturer's name <i>Shup</i>
<i>Sand, fine</i>				<i>34</i>	<i>45</i>	Type <i>slots</i> Dia. <i>4"</i> Slot/gauze <i>1/16"</i> Length <i>3'</i> Set between <i>55</i> ft. and <i>58</i> ft. _____ ft. and _____ ft.
<i>Silt, gray</i>				<i>45</i>	<i>47</i>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/4"</i>
<i>Gravel, fine to coarse (Krieger-derived)</i>				<i>47</i>	<i>58</i>	11. Static water level: _____ mo./day/yr. <i>19.5</i> ft. below land surface Date <i>9-10-76</i>
						12. Pumping level below land surfaces: _____ ft. after <i>1</i> hrs. pumping <i>20</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>40</i> g.p.m.
						13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
						14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> Inches above grade
						15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <i>3</i> ft. to <i>13</i> ft.
						16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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 _____ Turbine _____ <input type="checkbox"/> Jet _____ Reciprocating _____ <input type="checkbox"/> Centrifugal _____ Other _____
(Use a second sheet if needed)						
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> 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. <i>Wesley D. Pulling</i> <i>126</i> Business name _____ License No. _____ Address <i>Saline, Kansas</i> Signed <i>O.K. Hart</i> Date <i>10-4-76</i> Authorized representative			

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

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

Form WWC-5