

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 3 W E/W</b>		
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: <b>Abbott Construction Co</b> R.R. or street: <b>Rt. 1</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>June 3 1976</b> Well depth <b>58</b> 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 <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>58</b> ft. depth Wall thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>0.237</b> "	
							10. Screen: Manufacturer's name <b>Serp</b> Type <b>Slotted</b> Dia. <b>4"</b> Slot/gauze <b>1/16"</b> Length <b>3'</b> Set between <b>55</b> ft. and <b>58</b> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/10"</b>	
							11. Static water level: _____ mo./day/yr. <b>17</b> ft. below land surface Date <b>6-3-76</b>	
							12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping <b>10</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>15</b> 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 <b>12</b> Inches above grade	
							15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete _____ Depth: From <b>3</b> ft. to <b>13</b> ft.	
							16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ 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. <b>Nebraska Drilling 126</b> Business name _____ License No. _____ Address <b>Salina Kans</b> Signed <b>Ol' Ford</b> Date <b>7-15-76</b> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley								

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

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

Form WWC-5