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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 <u>Saline</u>	Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>	Section number <u>13</u>	Township number <u>T 14 S</u>	Range number <u>R 3W E/W</u>	
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>1012 E Iron Salina KS</u>				3. Owner of well: <u>Jack Mc Auliffe</u> R.R. or street: <u>1012 E Iron</u> City, state, zip code: <u>Salina Kans 67401</u>			
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>6</u> in. Completion date <u>11-15-76</u> Well depth <u>59</u> ft.			
5. Type and color of material		From		To		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 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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
						9. Casing: Material <input type="checkbox"/> Height: <u>Above or below</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>4</u> in. to <u>59</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>Sched. 40</u>	
						10. Screen: Manufacturer's name <u>Shop</u> Type <u>slotted</u> Dia. <u>4"</u> Slot/gauze <u>3/16"</u> Length <u>3'</u> Set between <u>56</u> ft. and <u>59</u> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8</u>	
						11. Static water level: <input type="checkbox"/> mo./day/yr. <u>27</u> ft. below land surface Date <u>11-15-76</u>	
(Use a second sheet if needed)						12. Pumping level below land surfaces: <u>32</u> ft. after <u>1/2</u> hrs. pumping <u>30</u> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>60</u> g.p.m.	
						13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.	
						14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade	
						15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.	
						16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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	
						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. <u>Hydramatic Drilling Co</u> <u>126</u> Business name <u>Salina Kans</u> License No. <input type="checkbox"/> Address <u>1-8-77</u> Date <input type="checkbox"/> Signed <u>Ol. Fent</u> Authorized representative	
						18. Elevation:	19. Remarks:
						Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	

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

Form WWC-5

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