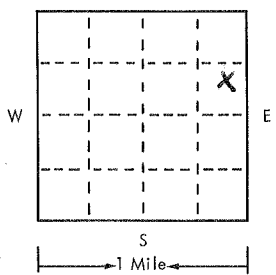


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

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

| 1 Location of well: | County <u>Saline</u> | Township name | Fraction <u>NESE NE</u> | Section number <u>13</u> | Town number <u>14</u> | Range number <u>3W</u> | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------|---------------|----------------------------|---|--------------------------|---------------------------|-----------------------------|----------|-----------|--------------------|-----------|-----------|----------------------------------|-----------|-----------|--------------------------------------|-----------|-----------|--------------------------------------|-----------|-----------|--------------------------------|--|--|---|--|--|
| Distance and direction from nearest town or city: | | | | 3 Owner of well: <u>Leland Bass</u> | | | | | | | | | | | | | | | | | | | | | | | |
| Street address of well location if in city: <u>1028 Gypsum Saline</u> | | | | Address: <u>Saline Wams.</u> | | | | | | | | | | | | | | | | | | | | | | | |
| Locate with "X" in section below: N  W E S 1 Mile | | | | 4 Well depth: <u>48</u> ft. Date of completion <u>4-28-75</u> Well diameter <u>4"</u> in. | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Type and color of material: <table border="1"><thead><tr><th>Type and color of material</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>Clay, lt gray + buff</u></td><td><u>0</u></td><td><u>18</u></td></tr><tr><td><u>Sand, silty</u></td><td><u>18</u></td><td><u>29</u></td></tr><tr><td><u>Gravel, fine + clay, buff</u></td><td><u>29</u></td><td><u>38</u></td></tr><tr><td><u>Gravel, fine to medium + sand</u></td><td><u>38</u></td><td><u>45</u></td></tr><tr><td><u>Gravel, fine to coarse + sand</u></td><td><u>45</u></td><td><u>50</u></td></tr><tr><td colspan="3">(use a second sheet if needed)</td></tr></tbody></table> | | | | Type and color of material | From | To | <u>Clay, lt gray + buff</u> | <u>0</u> | <u>18</u> | <u>Sand, silty</u> | <u>18</u> | <u>29</u> | <u>Gravel, fine + clay, buff</u> | <u>29</u> | <u>38</u> | <u>Gravel, fine to medium + sand</u> | <u>38</u> | <u>45</u> | <u>Gravel, fine to coarse + sand</u> | <u>45</u> | <u>50</u> | (use a second sheet if needed) | | | 5 <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 | | |
| | | | | Type and color of material | From | To | | | | | | | | | | | | | | | | | | | | | |
| | | | | <u>Clay, lt gray + buff</u> | <u>0</u> | <u>18</u> | | | | | | | | | | | | | | | | | | | | | |
| | | | | <u>Sand, silty</u> | <u>18</u> | <u>29</u> | | | | | | | | | | | | | | | | | | | | | |
| | | | | <u>Gravel, fine + clay, buff</u> | <u>29</u> | <u>38</u> | | | | | | | | | | | | | | | | | | | | | |
| <u>Gravel, fine to medium + sand</u> | <u>38</u> | <u>45</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Gravel, fine to coarse + sand</u> | <u>45</u> | <u>50</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| (use a second sheet if needed) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Casing: Material <u>PVC</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>4</u> in. to <u>48</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>4</u> in. to <u>48</u> ft. depth | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Screen: Manufacturer <u>Slup</u> Type <u>PVC</u> Dia. <u>4"</u> Slot/gauze <u>3/32</u> Length <u>3'</u> Set between <u>45</u> ft. and <u>48</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4"</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Static water level: <u>28</u> ft. below land surface Date <u>4-28-75</u> | | | | 10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>20</u> g.p.m. | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____ | | | | 12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade | | | | | | | | | | | | | | | | | | | | | | | |
| 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>10</u> ft. | | | | 14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.m.p. 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 | | | | 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. <u>Hydramatic Drilling</u> <u>126</u> Business name License No. Address <u>Saline, Mo</u> Signed <u>Art Faust</u> Date <u>5-19-75</u> Authorized representative | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Remarks: elevation 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 Kansas State Dept. Of Health.

Form WWC-5