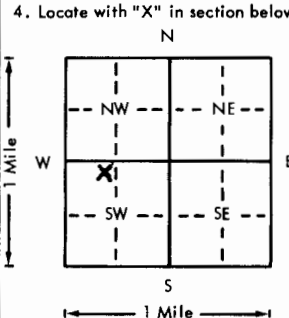


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>14</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: <b>1/4 mi. W. Salina</b>				3. Owner of well: <b>Abbott Const. Co. Inc</b> 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>Oct. 31, 1977</b> Well depth <b>76.5</b> ft.			
				7. <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					
				9. Casing: Material _____ Height: <b>Above or below</b> Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>4</b> in. to <del>3</del> ft. depth; Wall Thickness: inches or Dia. <b>7</b> in. to <b>76.5</b> ft. depth; gage No. <b>Sched 40</b>					
5. Type and color of material <b>In feet below surface</b>				From		To		10. Screen: Manufacturer's name <b>Shup</b>	
<b>Alluvium</b> <b>Clay, silty, gray-brown</b>				0		35		Type <b>slots</b> Dia. <b>4"</b>	
<b>Gravel, medium + sand, fine</b>				35		57		Slot/gauze <b>1/16"</b> Length <b>3'</b>	
<b>Silt, clayey, gray</b>				57		62		Set between <b>73.5</b> ft. and <b>76.5</b> ft.	
<b>Gravel, medium + sand, fine</b>				62		77		_____ ft. and _____ ft.	
<b>Wellington fm:</b>								Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/16"</b>	
<b>Shale, gray-green + yellow</b>				77		78		11. Static water level: _____ mo./day/yr. <b>16</b> ft. below land surface Date <b>10-31-77</b>	
								12. Pumping level below land surfaces: <b>28</b> ft. after <b>1</b> hrs. pumping <b>20</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>50</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 checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
								16. Nearest source of possible contamination: _____ ft. <b>1000</b> Direction <b>SW</b> Type <b>livestock</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. <b>Hyshanda Dilling</b> <b>126</b> Business name _____ License No. _____ Address <b>Salina Kansas</b> Signed <b>Old Faust</b> <b>12-5-77</b> Authorized representative _____ Date _____					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley									

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

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

Form WWC-5