

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
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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 Saline	Fraction NW 1/4 NW 1/4 SW 1/4	Section number 14	Township number T 14 S	Range number R 3W E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: 1/4 Mi. W. Salina			3. Owner of well: J. B. Shiever R.R. or street: 906 E. Ellsworth City, state, zip code: Salina Kans 67401			
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 		6. Bore hole dia. 8 in. Completion date 10/18/79 Well depth 91 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 type="checkbox"/> Industry <input checked="" 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 <input type="checkbox"/> Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 6 in. to 91 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. Sched 40	
5. Type and color of material			From	To	10. Screen: Manufacturer's name Hydraulic Drilling Co Type slots Dia. 6" Slot/gauze 1/16" Length 20' Set between 71 ft. and 91 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/10"	
Alluvium:					11. Static water level: _____ mo./day/yr. 24 ft. below land surface Date 10/18/79	
Clay, silty, tan + gray			0	38	12. Pumping level below land surfaces: ND ft. after 2 hrs. pumping 70 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 90 g.p.m.	
Sand, fine, interbedded with clay,					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
soft, gray			38	45	14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade	
Clay, gray + tan			45	58	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
Sand, fine-medium			58	67	16. Nearest source of possible contamination: fr. 910' Direction NW Type septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Sand, fine to medium + gravel,					17. Pump: _____ Not installed Manufacturer's name Hybrid used parts Model number _____ HP 3 Volts 220 Length of drop pipe 60 ft. capacity 70 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
fine to medium (Bi-modal K-densal)			67	91	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. Hydraulic Drilling Co-126 Business name _____ License No. _____ Address Salina Kans. 67401 Signed Ob Faust Date 11/6/79 Authorized representative	
18. Elevation:			19. Remarks: Replaces old steel cased irrigation well. Existing turbine pump moved to new well. Used to irrigate flowers			
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