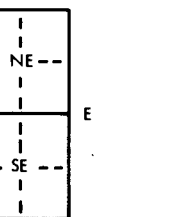


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

County	Fraction	Section number	Township number	Range number	
1. Location of well:	<u>SALine</u>	<u>NW 1/4 SE 1/4 SW 1/4</u>	<u>15</u>	T <u>14</u> S R <u>3W</u> E/W	
2. Distance and direction from nearest town or city: Street address of well location if in city:		3. Owner of well: <u>Alan Hocking</u> R.R. or street: <u>24 Crestview Drive</u> City, state, zip code: <u>Salina Kans 67401</u>			
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W  E S 1 Mile</div>		Sketch map:		6. Bore hole dia. <u>6</u> in. Completion date _____ Well depth <u>70</u> ft. <u>9-16-76</u>	
5. Type and color of material		From To		7. 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	
				9. Casing: Material _____ Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.	
				Dia. <u>4</u> in. to <u>70</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>Sched 40</u>	
				10. Screen: Manufacturer's name <u>SLIP</u> Type <u>slats</u> Dia. <u>4"</u> Slot/gauze <u>1/16"</u> Length <u>4'</u> Set between <u>66</u> ft. and <u>70</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/16"</u>	
Clay, salty, buff, tan & gray		0	49	11. Static water level: _____ mo./day/yr. <u>27</u> ft. below land surface Date <u>9-16-76</u>	
Sand, fine, silty		49	61	12. Pumping level below land surfaces: _____ ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.	
Clay, light gray		61	63	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
Sand, fine to medium		63	69	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
Wellington fm:				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.	
Shale, gray-green		69	70	16. Nearest source of possible contamination: _____ 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	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. <u>Hysanulis Drilling</u> <u>126</u> Business name License No. Address <u>Salina Kans</u> Signed <u>O.P. Fent</u> <u>10-4-76</u> Authorized representative Date		

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

Form WWC-5

MI-1023

$\frac{14}{T}$ $\frac{3 - \textcircled{W}}{R}$ $\frac{15}{\text{Sac}}$ $\frac{NUS ESW}{1/4 \quad 1/4 \quad 1/4}$