

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>NW 1/4 SW 1/4 NW 1/4</u>	Section number <u>21</u>	Township number <u>T 14</u>	Range number <u>S R 3W E/W</u>
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>2 mi. W. Salina</u>				3. Owner of well: <u>Don A Johnson</u> R.R. or street: <u>Rt. 1</u> City, state, zip code: <u>Salina Kans 67401</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>6</u> in. Completion date <u>9/28/79</u> Well depth <u>26</u> 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 checked="" 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 type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <input type="checkbox"/> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>4</u> in. to <u>26</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gauge No. <u>200</u>		
				10. Screen: Manufacturer's name <u>Shop</u> Type <u>slots</u> Dia. <u>4"</u> Slot/gauze <u>1/16"</u> Length <u>3'</u> Set between <u>23</u> ft. and <u>26</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/10"</u>		
5. Type and color of material		From		To		11. Static water level: <u>9</u> ft. below land surface Date <u>9/28/79</u> mo./day/yr.
<u>Clay + silt, tan</u>		<u>0</u>		<u>22</u>		12. Pumping level below land surfaces: <u>ND</u> ft. after <u>1/2</u> hrs. pumping <u>12</u> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>15</u> g.p.m.
<u>Gravel, fine to coarse + sand</u>		<u>22</u>		<u>26</u>		13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.
						14. Well head completion: <u>12</u> inches above grade <input type="checkbox"/> Pitless adapter
						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: <u>200'</u> Direction <u>E</u> Type <u>Pond</u> 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>Hydraulic Drilling</u> <u>126</u> Business name License No. Address <u>Salina, Kans</u> Signed <u>Ort Fort</u> Date <u>10/3/79</u> Authorized representative
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5