

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>SW 1/4 SW 1/4 NE 1/4</u>	Section number <u>23</u>	Township number <u>T 14 S</u>	Range number <u>R 3W E/W</u>
2. Distance and direction from nearest town or city: <u>941 S. 9th</u> Street address of well location if in city: <u>Salina Ks</u>				3. Owner of well: <u>Tom Covert</u> R.R. or street: <u>941 S 9th</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>6-29-77</u> Well depth <u>60</u> ft.		
		<p style="text-align: center;">In Feet</p>		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 type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stack <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material				From	To	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 type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>4</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>S. 40</u>
<u>Alluvium:</u>  <u>Clay, silty, brown</u> <u>Sand, fine to medium</u> <u>Gravel, coarse to fine &amp; sand</u>				10. Screens: Manufacturer's name <u>Shop</u> Type <u>slots</u> Dia. <u>4"</u> Slot/gauze <u>3/32</u> Length <u>3'</u> Set between <u>57</u> ft. and <u>60</u> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8"</u>		
				11. Static water level: <u>29</u> ft. below land surface Date <u>6-29-77</u> mo./day/yr.		
				12. Pumping level below land surfaces: <u>40</u> ft. after <u>42</u> hrs. pumping <u>30</u> g.p.m. <u>    </u> ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m. Estimated maximum yield <u>50</u> g.p.m.		
				13. Water sample submitted: <u>    </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>    </u>		
				14. Well head completion: <u>    </u> Pitless adapter <u>12</u> 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 <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: <u>ND</u> ft. <u>    </u> Direction <u>    </u> Type <u>    </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 <u>    </u> Model number <u>    </u> HP <u>    </u> Volts <u>    </u> Length of drop pipe <u>    </u> ft. capacity <u>    </u> 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. <u>Hydraulic Drilling Co. 126</u> Business name <u>Salina, Kas</u> License No. <u>    </u> Address <u>    </u> Signed <u>    </u> Date <u>7-11-77</u> Authorized representative		
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

L 14  
 - 30  
 23  
 SW 1/4 NE  
 1/4 1/4 1/4