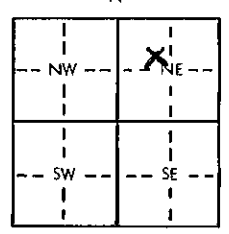


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Saline	Fraction SE 1/4 NW 1/4 NE 1/4	Section number 23	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: 752 Custer, Salina			3. Owner of well: Mary Giersch R.R. or street: 752 Custer City, state, zip code: Salina Kansas 67401				
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 		6. Bore hole dia. 6 in. Completion date 5/1/78 Well depth 69 ft.		
5. Type and color of material			From		To		7. <input 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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
							9. Casing: Material <input checked="" type="checkbox"/> Height: 12 ft. or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 4 in. to 69 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. 200
							10. Screen: Manufacturer's name Shoop Type slots Dia. 4 in. Slot/gauze 1/16 in. Length 3 ft. Set between 66 ft. and 69 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/10 in.
							11. Static water level: <input type="checkbox"/> ft. or day/yr. 33.5 ft. below land surface Date 5/1/78
							12. Pumping level below land surfaces: ND ft. after 1/2 hrs. pumping 30 g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 50 g.p.m.
							13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.
							14. Well head completion: <input type="checkbox"/> Pitless adapter 12 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 3 ft. to 13 ft.
							16. Nearest source of possible contamination: ND ft. Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input 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 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. Hydraulic Drilling Co 126 Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address Salina Kansas Signed D. J. Faust Date 5/3/78 Authorized representative
							18. Elevation:
							19. Remarks:
							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

14-3-23 SE 1/4 NE 1/4