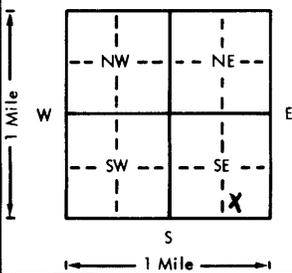


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 SW 1/4 SE 1/4 SE 1/4	Section number 24	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: 1001 Russell, Salina				3. Owner of well: Harold Vignery R.R. or street: 1001 Russell City, state, zip code: Salina KS 67401		
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map: 		
5. Type and color of material				6. Bore hole dia. 6 in. Completion date 4/23/79 Well depth 56 ft.		
				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 _____ Height: Above or below Threaded _____ Welded _____ Surface 12 in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. 4 in. to 30 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 200		
				10. Screen: Manufacturer's name Shop Type slots Dia. 4" Slot/gauze 3/32 Length 3' Set between 53 ft. and 56 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8"		
				11. Static water level: _____ mo./day/yr. 23 ft. below land surface Date 4/23/79		
				12. Pumping level below land surfaces: ND ft. after 1/2 hrs. pumping 30 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 50 g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				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 _____ 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. Hydraulic Drilling Co 126 Business name Salina Kans License No. _____ Address _____ Signed OK Faust Date 5/2/79 Authorized representative		

22

2/230

T 14
R 3
W 0
E 24
S W S E S E
1/4 1/4 1/4

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

Form WWC-5