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:	Saline	SE 1/4NW 1/4NE	1/4	24	1	T 14 s	R 3 W E/W
1. Location of well: Saline 2. Distance and direction from nearest town or city: Street address of well location if in city: 839 Roach Saline 3. Owner of well: FU R.R. or street: 839 City, state, zip code: Sc						111969	
Street address of well	location if in city: 037 N	oden Salind	City, st	ate, zip	code: So	alina Ks 674	01
4. Locate with "X" in N	section below:	Sketch map:				6. Bore hole dia. 6 in. Well depth 56.5ft.	Completion date
NW	KX I					7 Cable tool 🚜 Rotary	Driven Dug Bored Reverse rotary
W I	I E						r conditioning Stock
sw	SE				Ì	9. Casing: Material	Height Above or below
S	1					Threaded Welded PVC	lbs./ft.
5. Type and color of n			41.	From	То	Dia. 4 in. 56.5t. dep Dia in. to ft. dep	th gage No
Cla	at cilt have		<u>/H</u>	0	30	10. Screen: Manufacturer's n	
Sang	+ silt brown	navse		30		Type 5/ots Slot/gauze 3/32" Set between 53	Length 3
Grave	I fine to coa	rse (sand		36.		ft. c	nndft.
•						11. Static water level:	face Date $\frac{9/3}{79}$
	·····					12 Pumping level below land	<i>, ,</i> ,
						ft. after l Estimated maximum yield	g.p.m. 60 g.p.m.
						13. Water sample submitted: Yes X No	mo./day/yr.
						14. Well head completion: Pitless adapter	「A Inches above grade
						Nell grouted? With: X Neat cement Depth: From ft. to	Bentonite Concrete
						16. Nearest source of possible	e contamination:
						Well disinfected upon comple	etion? Yes No
						17. Pump: Manufacturer's name	_X Not installed
						- ' ' '	HP Volts ft. capacity g.p.m.
						Type: Submersible	Turbine
	(Use a second s	heet if needed)				Jet Centrifugal	Reciprocating Other
18. Elevation: 19. Remarks:					20. Water well contractor's of This well was drilled under m	4	
Topography:						is true to the best of my know the breamle One	illing 126
Hill Slope						Address — Address	There License No.
Upland X Valley						Signed Authorized rep	presentative Date

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

Farm WWC-5