

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 SW 1/4 SE 1/4		Section number 25		Township number T 14		Range number S R 3W E/W	
2. Distance and direction from nearest town or city: Street address of well location if in city: 837 E Magnolia Salina KS				3. Owner of well: Gary Dvorak R.R. or street: 837 E Magnolia City, state, zip code: Salina Kans. 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 3-20-78 Well depth 50 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 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			
5. Type and color of material				From		To		9. Casing: Material <input type="checkbox"/> Height: <input checked="" type="checkbox"/> Above 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 50 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. # 200	
Clay + silt, light gray + light brown Gravel, fine to medium + sand Clay, sandy, yellow-gray Gravel, fine to coarse + sand				0 24 24 30 30 39 39 50		10. Screen: Manufacturer's name Shop Type slots Dia. 4" Slot/gauze 3/32" Length 3' Set between 47 ft. and 50 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8"			
								11. Static water level: 10.5 ft. below land surface Date 12-16-77	
								12. Pumping level below land surfaces: 23 ft. after 1/2 hrs. pumping 20 g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 40 g.p.m.	
								13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
								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 0 ft. to 10 ft.	
								16. Nearest source of possible contamination: Unknown ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
								17. Pump: <input type="checkbox"/> Not installed Manufacturer's name Myers Model number 52634 HP 1/3 Volts 115 Length of drop pipe 40 ft. capacity 15 g.p.m. Type: <input checked="" 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. Hydromatic Drilling Co 126 Business name Saline Kansas License No. 3-31-78 Address Old Farm Date 3-31-78 Signed Ed Faust 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

MI-1023