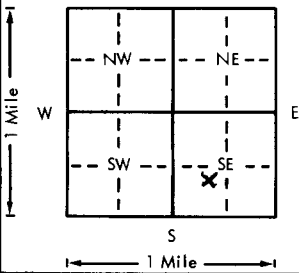


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>NE 1/4 SW 1/4 SE 1/4</u>	Section number <u>25</u>	Township number T <u>14</u>	Range number S R <u>3W</u> E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>2182 Kensington Rd</u> <u>Salina</u>				3. Owner of well: <u>Stan Knipp</u> R.R. or street: <u>2182 Kensington Rd</u> City, state, zip code: <u>Salina Kansas 67401</u>		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>6</u> in. Completion date <u>5/21/79</u> Well depth <u>56</u> 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
Alluvium: Clay + silt, light brown Sand, fine Gravel, fine to coarse + sand		0		35		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
		35		52		9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Height <input type="checkbox"/> lbs./ft. Dia. <u>4</u> in. to <u>56</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>200</u>
		52		56		10. Screen: Manufacturer's name <u>Shap</u> Type <u>slots</u> Dia. <u>4"</u> Slot/gauze <u>3/32"</u> Length <u>3'</u> Set between <u>53</u> ft. and <u>56</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8"</u>
						11. Static water level: <u>15</u> ft. below land surface Date <u>5/21/79</u> mo./day/yr.
						12. Pumping level below land surfaces: <u>ND</u> ft. after <u>1/2</u> hrs. pumping <u>30</u> g.p.m. ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>60</u> g.p.m.
						13. Water sample submitted: <u> </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u>
						14. Well head completion: <input type="checkbox"/> 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>3</u> ft. to <u>13</u> ft.
						16. Nearest source of possible contamination: ft. <u>ND</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: 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. <u>Hydronic Drilling</u> <u>126</u> Business name License No. Address <u>Salina Kansas</u> Signed <u>O. J. Ford</u> Date <u>6/14/79</u> Authorized representative		

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

Form WWC-5