

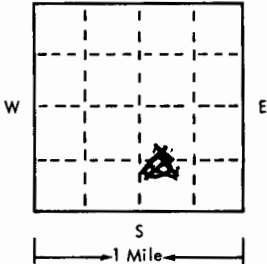
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

SW NW SE

1 Location of well:	County <u>Saline</u>	Township name	Fraction <u>SW 8/16</u>	Section number <u>36</u>	Town number <u>14S</u>	Range number <u>3W</u>
Distance and direction from nearest town or city:				3 Owner of well: <u>Fred D'Albini</u>		
Street address of well location if in city: <u>2757 Linda Lane Salina</u>				Address: <u>2757 Linda Lane, Salina</u>		
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>59</u> ft. Date of completion <u>5-7-75</u> Well diameter <u>4</u> in.		
				5 <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		
				6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material <u>PVC</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>4</u> in. to <u>59</u> ft. depth Weight <u> </u> lbs./ft. <u> </u> in. to <u> </u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2		Type and color of material	From	To	8 Screen: Manufacturer <u>Shop</u> Type <u>PVC</u> Dia. <u>4"</u> Slot/gauze <u>3/32</u> Length <u>3'</u> Set between <u>54</u> ft. and <u>59</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>4"</u>	
		<u>Clay & silt, gray & brown</u>	<u>0</u>	<u>32</u>	9 Static water level: <u>16</u> ft. below land surface Date <u>5-7-75</u>	
		<u>Sand, fine, silty</u>	<u>32</u>	<u>39</u>	10 Pumping level below land surfaces: <u>35</u> ft. after <u>1</u> hrs. pumping <u>50</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>100</u> g.p.m.	
		<u>Sand, coarse to fine</u>	<u>39</u>	<u>44</u>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
		<u>Gravel coarse to fine & clay</u>	<u>44</u>	<u>50</u>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
		<u>Gravel coarse to fine & sand</u>	<u>50</u>	<u>60</u>	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>3</u> ft. to <u>13</u> ft.	
					14 Nearest source of possible contamination: ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					15 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.m.p. 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)			17 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>Hydramatic Drilling</u> <u>126</u> Business name License No. Address <u>Salina, KS</u> Signed <u> </u> Date <u>5-14-75</u> Authorized representative	
16 Remarks: elevation						
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 Kansas State Dept. Of Health.

Form WWC-5