WATER WELL RECORD KSA 820-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

	County	County Fraction		Section number		Township number	Range number	
1. Location of well:	Saline	SW 1/4 NE 1/4 N	E 1/4	3	6	T 14	$_{\rm S}$ $_{\rm R}$ $_{\rm E/W}$	
	ction from neorest town or city:	ri i ct	3. Owner of well: John Macdolox R.R. or street: 2181 Kennsington					
Street address of well	l location if in city: 718 (Salina	City, s	tate, zip	code:	Salua K5 67401		
4. Locate with "X" i		Sketch map:				6. Bore hole diai Well depth 5 6.5ft.	n. Completion date 77	
						7 Cable tool X Rotor Hollow rod Jetter	y Driven Dug	
9: W NW	- NE -					8. Use: Domestic	Public supply Industry Air conditioning Stock	
sw	SE					9. Casing: Material		
<u>†</u>						Threoded Welded RMP PVC Dia	iSurfacein. Weightlbs./ft. lbs./ft.	
5. Type and color of				From	То	Dia in. to ft. de 10. Screen: Manufacturer's	pth gage No. S. YO	
a	llemme:				ļ .	Type Slots	Dia	
Clay + silt brown Gravel, fine to coarse iscurd,				0	37		ft. andft.	
		1 Coarse iscurd		37	57	Gravel pack? Size r	mo./day/yr.	
Gravel, fine to coarse + sand,					,	12. Pumping level below la		
Cretaceous - derived				57	59	ft. after ft. after Estimated maximum yield	hrs. pumping g.p.m.	
						13. Water sample submitted Yes X No		
					ļ	14. Well head completion: Pitless adapter	/ 2 Inches above grode	
						15. Well grouted? Y With: X Neat cement _ Depth: From ft. to	BentoniteConcrete	7,7
						16. Nearest source of possible ft. (20) Direction Library Well disinfected upon comp	ole contamination: TypJEWEF / 14 letion? No	ן , וכ
						17. Pump: Manufacturer's name	Not installed	, IL
							HP Volts ft. capacity g.p.m.	(2)
	/lles =				<u> </u>	Submersible Jet Centrifugal	Turbine Reciprocating Other	٠,١/١
(Use a second sheet if needed) 18. Elevation: 19. Remarks:					.1	20. Water well contractor's		ğ
Topography:						is true to the best of my kno		٤١٤
Slope Upland						Busings name Address Signed Authorized to	er 1-1-77	آ]: ان
X_ ∨alley		ment of Health and Environment				Authorized re	Form WWC-5	۱۱. ۲