WATER WELL RECORD KSA 820-1201-1215

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

	County Fraction			Section number 36		Township number	Range number	1
1. Location of well:	Saline	5E 1/4 NW1/4 NW1/4				т /4 s	R 3W E/W	
Distance and direction from nearest town or city:				street: 2502 Simmons				1
Street address of well location if in city: 2502 Simmons St. City, state, zip code:						Saline 76 67401		
4. Locate with "X" in section below: N					6. Bore hole dia. 6 in. Completion date Well depth 52 ft. 6-15-76			
XWNE						7 Cable tool X Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary 8. Use: Domestic Public supply Industry Irrigation Air conditioning Stock		
₩								
sw	SE					Lawn O	il field water. Other	-
<u> </u>						Threaded Welded RMP PVC	_Surfacein.	
	Nile ————————————————————————————————————					Dia. 4 in. to 5 ft. dep	th Wall Thickness: inches or	1
5. Type and color of	F material			From	То	Dia in. to ft. dep 10. Screen: Manufacturer's r		
	Day selt, le	ff grang		0	40	Type Southard	Dia. 4"	
- Gr	muel Line + son	el selle		40	46	Set between 49	ft, andft.	
ch	and medium	to fine & sa	-4	46	52	Grovel pack? Y Size ra	W / - //	
	and the same					11. Static water level:	mo./day/yr.	
						12. Pumping level below land]
						-	ors. pumping g.p.m.	
						Estimated maximum yield 13. Water sample submitted:	g.p.m.	┨
						·	Date	
						14. Well head completion: Pitless adapter	12 Inches above grade]
						15. Well grouted?		١,
						With: Neat cement	Bentonite Concrete	-
						16. Nearest source of possible		
						Well disinfected upon comple	tion? X Yes No	h
						17. Pump: Manufacturer's name	Not instelled	~ \
							HP Volts _ ft . capacity g .p .m .	(F)
						Type: Submersible	Turbine	
	(Use a second sh	neet if needed)				Jet Centrifugal	Reciprocating	ياي
18. Elevation:	19. Remarks:					20. Water well contractor's of This well was drilled under m		10
Topography:						is true to the best of my know	· •	≤ IC
Hill						Business name	License No.	1.1
Slope						Address Or Zan	D- 7-15-7/	2 9
Upland Valley						Signed Authorized rep	resentative Date	3 ₹
Forward the white, blo	ue and pink copies to the Department	of Health and Environment					Form WWC-5	6