WATER WELL RECORD KSA 82a-1201-1215

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

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1 1 6	County Fraction			Section number		Township number	Range number
1. Location of well:	Saline	NW 1/4 NW 1/4 SE					R 3W E/W
2. Distance and direction from nearest town or city: 3. Owner of well: Clif R.R. or street: 722						Ford Johnson Scott	
						Salina Kaus.	67401
4. Locate with "X" in section below: Sketch map:					6. Bore hole dia. 6. in Well depth 6. ft.	. Completion date	
					7 Cable tool X Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary 8. Use: X Domestic Public supply Industry Irrigation Air conditioning Stock		
SW SE S						Lawn O 9. Casing: Material Threaded Welded	il field water Other _ Height: Accept below
I← 1 Mile → I					Dia. 4 in. to 60 ft. dep		
5. Type and color of	F material			From	То	Dia in. to ft. dep 10. Screen: Manufacturer's r	· · · · · · · · · · · · · · · · · · ·
Cla	y, silty gra	y-brown		0	48	Type 5/0ts	_ Dia. 4"
Sau	y, silty, grady dy fine to m	edium		48	55	Set between	_ Length
Grai	vel, fine to m	-digus + sand		55	60	Gravel pack? Size ra	nge of material 3/8"
						11. Static water level: ft. below land sur	face Dat 5/16/78
11-1111							nrs. pumping <u>30</u> g.p.m.
						ft. after ft. Estimated maximum yield	ors. pumping g.p.m.
		·				13. Water sample submitted:	mo./day/yr.
						14. Well head completion:	DateInches above grade
						15. Well grouted?	Bentonite Concrete
						16. Nearest source of possible ft. 250 Direction 2	contamination: lake
		, , , , , , , , , , , , , , , , , , , ,				17. Pump: Manufacturer's name	✗ Not installed
					Model number	-	
					Type: Submersible	Turbine	
(Use a second sheet if needed)					Jet Centrifugal	Reciprocating Other	
18. Elevation:	19. Remarks:					20. Water well contractor's of This well was drilled under m	y jurisdiction and this report
Topography:						Healmulie. Business name	ledge and belief. License No. License No.
Slope Upland Valley						Signed Off Authorized rep	Fate 1/78

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

Form WWC-5