

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>SW 1/4 SW 1/4 SE 1/4</u>	Section number: <u>12</u>	Township number: <u>14</u>	Range number: <u>4W</u>	E/W: <u>E/W</u>
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>5 1/2 mi. W of Salina</u>				3. Owner of well: <u>Max Johnson</u> R.R. or street: <u>217 W. Ash</u> City, state, zip code: <u>Salina Kans 67401</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>6</u> in. Completion date <u>11-11-75</u> Well depth <u>68</u> ft.			
				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			
				8. Use: <input checked="" 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 type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
				9. Casing: Material <u>RMP</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>18</u> lbs./ft. Dia. <u>4</u> in. to <u>68</u> ft. depth Wall Thickness: inches or Dia. <u>4</u> in. to <u>68</u> ft. depth Gauge No. <u>0.63</u>			
				10. Screen: Manufacturer's name <u>Shap</u> Type <u>slotted</u> Dia. <u>4"</u> Slot/gauze <u>1/16"</u> Length <u>3'</u> Set between <u>65</u> ft. and <u>68</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>2.5 mm</u>			
5. Type and color of material		From	To	11. Static water level: <u>15.5</u> ft. below land surface Date <u>11-11-75</u>			
<u>Cellulose:</u>				12. Pumping level below land surfaces: <u>40</u> ft. after <u>1</u> hrs. pumping <u>20</u> g.p.m. <u>  </u> ft. after <u>  </u> hrs. pumping <u>  </u> g.p.m. Estimated maximum yield <u>30</u> g.p.m.			
<u>Clay, silty, gray &amp; buff</u>		<u>0</u>	<u>45</u>	13. Water sample submitted: <u>  </u> mo./day/yr. <u>  </u> Yes <input checked="" type="checkbox"/> No <u>  </u> Date <u>  </u>			
<u>Gravel, fine to medium sand</u>				14. Well head completion: <u>  </u> Pitless adapter <u>18</u> inches above grade			
<u>Mg-Siderite cemented at top</u>		<u>45</u>	<u>55</u>	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>0</u> ft. to <u>10</u> ft.			
<u>Clay, sandy gray</u>		<u>55</u>	<u>61</u>	16. Nearest source of possible contamination: ft. <u>  </u> Direction <u>  </u> Type <u>None</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<u>Gravel, fine to medium sand</u>		<u>61</u>	<u>68</u>	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			
				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>Hydromatic Drilling</u> <u>126</u> Business name <u>Salina, Kans</u> License No. <u>  </u> Address <u>  </u> Signed <u>O. J. Felt</u> Date <u>12-30-75</u> Authorized representative			
18. Elevation:		19. Remarks:					
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 Department of Health and Environment

Form WWC-5