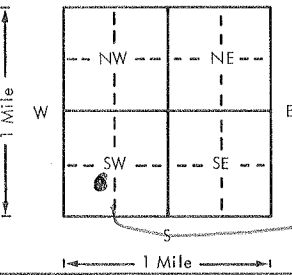
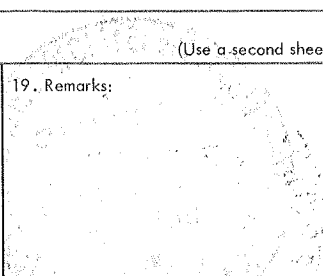


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>NW 1/4 SW 1/4 SW 1/4</u>		Section number <u>2</u>		Township number <u>T 14 S</u>		Range number <u>R 5 W</u>	
2. Distance and direction from nearest town or city: <u>2 mi S 1/2 E of GIENDALE</u>				3. Owner of well: <u>Ken Russette</u> R.R. or street: <u>Box 133 Rt. 4</u> City, state, zip code: <u>Salina, Ks.</u>					
4. Locate with "X" in section below: 				Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>3-16-78</u> Well depth <u>75</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 _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>2</u> lbs./ft. Dia. <u>4</u> in. to <u>55</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>Sch. 40</u>			
5. Type and color of material				From	To	10. Screen: Manufacturer's name <u>Peerless Plastics</u> Type <u>PVC</u> Dia. <u>4" PVC</u> Slot/gauze <u>1/32</u> Length <u>20'</u> Set between <u>55</u> ft. and <u>75</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/4</u>			
<u>Top soil</u>				<u>0</u>	<u>2</u>	11. Static water level: _____ mo./day/yr. <u>63</u> ft. below land surface Date <u>3-17-78</u>			
<u>Five sand and sandy clay</u>				<u>2</u>	<u>15</u>	12. Pumping level below land surfaces: <u>63</u> ft. after <u>2</u> hrs. pumping <u>5</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> g.p.m.			
<u>Brown sandstone</u>				<u>15</u>	<u>52</u>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
<u>Red sandstone</u>				<u>52</u>	<u>74</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade			
<u>Blue shale</u>				<u>74</u>	<u>75</u>	15. Well grouted? <u>yes</u> 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.			
						16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
						17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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>Peterson Irr. Inc. 138A</u> Business name License No. Address <u>Box 150 Lindsburg Ks.</u> Signed <u>Mike Peterson</u> Date <u>4-27-78</u> Authorized representative			
18. Elevation:		19. Remarks:							
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley									

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

Form WWC-5

T 14 S R 5 W