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

T	R	EW	sec 1/4	1/4	1/4 No.					

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Saline		NW NW NE	4	14 S	5 W

Distance and direction from nearest town or city: 2 Mi. S. Glendale

Street address of well location if in city:

3 Owner of well: James Herman

Address: Brookville Ks

Locate with "X" in section below: Sketch map:

N
W E
S
1 Mile

2 Type and color of material	From	To
Clay, tan	0	6
Kiowa Shale, clayey yellow & gray	6	10
Sandstone, fine yellow & black	10	30
Shale, dark gray; contains fossil	30	112
silty sandstone zones		
Sandstone, fine, white	112	130
(use a second sheet if needed)		

4 Well depth: 130 ft. Date of completion 5-1-75
Well diameter 4" in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☒ Stock

7 Casing: Material PVC Height: (above)/below
Threaded ☐ Welded ☒ Surface 12 in.
Diam. 4 in. to 130 ft. depth Weight ___ lbs./ft.
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☐ No

8 Screen:
Manufacturer Sharp
Type PVC Dia. 4"
Slot/gauze 3/32 Length 9'
Set between 121 ft. and 130 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/4"

9 Static water level:
20 ft. below land surface Date 5-1-75

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 10 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☐ Pitless adapter ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ ___
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ☐ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Centrifugal ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☒ Slope
☒ Upland
☐ Valley

17 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.
Hydraulic Drilling 126
Business name License No.
Address Salina
Signed [signature] Date 5-14-75
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5