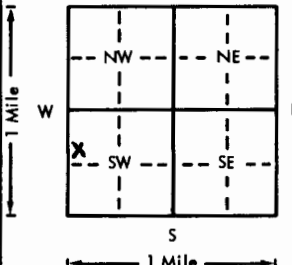


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 NW 1/4 SW 1/4</u>	Section number <u>4</u>	Township number <u>T 15 S</u>	Range number <u>R 2 W</u>	E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>35 E Salina</u>			3. Owner of well: <u>Bob Serrault</u> R.R. or street: <u>1014 E Chaplin</u> City, state, zip code: <u>Salina Kans 67401</u>			
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 			
5. Type and color of material			6. Bore hole dia. <u>6</u> in. Completion date <u>7-7-76</u> Well depth <u>37.5</u> ft.			
			7. <input checked="" 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 <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>4</u> in. to <u>37.5</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>Salina 40</u>			
			10. Screen: Manufacturer's name <u>Slop</u> Type <u>Slope</u> Dia. <u>4"</u> Slot/gauze <u>1/16"</u> Length <u>5'</u> Set between <u>32.5</u> ft. and <u>37.5</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/16"</u>			
			11. Static water level: <u>19.5</u> ft. below land surface Date <u>7-7-76</u> mo./day/yr.			
			12. Pumping level below land surfaces: ft. after <u>1</u> hrs. pumping <u>5</u> g.p.m. ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>8</u> g.p.m.			
			13. Water sample submitted: <u> </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u>			
			14. Well head completion: Pitless adapter <u>12</u> inches above grade			
			15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.			
			16. Nearest source of possible contamination: ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
			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			
18. Elevation:			19. Remarks:			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			(Use a second sheet if needed)			
			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>Hydramatic Drilling</u> <u>126</u> Business name License No. Address <u>Salina, Kans</u> Signed <u>Ed Felt</u> Date <u>9-1-76</u> Authorized representative			

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

Form WWC-5