

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 SALINE	Fraction SE 1/4 SE 1/4 NE 1/4	Section number 5	Township number T 15 S R 2	Range number 2	W
2. Distance and direction from nearest town or city: Street address of well location if in city: 3 miles SE of SALINA, KS.				3. Owner of well: JOHN DORNBARGER R.R. or street: R.F.D 3 City, state, zip code: SALINA KANSAS			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 8 in. Completion date 1-6-78 Well depth 105 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 PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 24 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 4 in. to 65 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. SEA 40			
				10. Screen: Manufacturer's name PERLESS Type PVC Dia. 4 Slot/gauze 1/32 Length 40 Set between 65 ft. and 105 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4"			
5. Type and color of material		From	To	11. Static water level: <input type="checkbox"/> mo./day/yr. 23 ft. below land surface Date 1-6-78			
TOP SOIL		0	2	12. Pumping level below land surfaces: 100 ft. after 1 hrs. pumping 1-2 g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 1-2 g.p.m.			
FINE SAND		2	14	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>			
LIGHT GREY CLAY		14	18	14. Well head completion: <input type="checkbox"/> Pitless adapter 24 Inches above grade			
BLUE SHALE		18	105	15. Well grouted? YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.			
				16. Nearest source of possible contamination: ft. 1000 Direction EAST Type SEWER Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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. PETERSON T.R.R. 138-A Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address Box 152 LINDSBOROUGH Signed Jay E. Kline Date 1-8-78 Authorized representative			
18. Elevation:		19. Remarks: SLOPE IS AWAY FROM WELL					
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