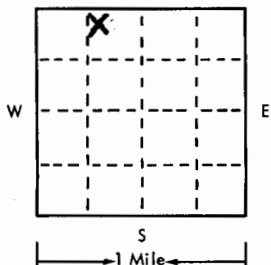


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

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

1 Location of well:	County Saline	Township name NW NE₄ NW₄	Fraction 9	Section number 155	Town number 2W	Range number
Distance and direction from nearest town or city: 6 mi SE Salina			3 Owner of well: Glen Sherrer			
Street address of well location if in city:			Address: Salina Ks			
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: 61 ft. Date of completion: 5-15-75 Well diameter _____ in.		
2 Type and color of material		From		To		
		Colluvium:				
		Clay, light gray, sandy		0 5.5		
		Alluvial fm:				
		Sandstone, medium, yellow		5.5 33.5		
		Shale, clayey, gray		33.5 36		
		Sandstone, lt. gray		36 55		
		Shale, gray		55 58		
		Sandstone, gray; contains some sh, gray		58 61.5		
		Sandstone, hard, calcareous, light gray		61.5 63.5		
(use a second sheet if needed)				5 8 Screen: Manufacturer Shop Type PVC Dia. 4" Slot/gauze 3/32" Length _____ Set between 58 ft. and 61 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 4"		
		9 Static water level: 16 ft. below land surface Date 5-15-75		10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping 15 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 20 g.p.m.		
		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		12 Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade		
		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 3 ft. to 13 ft.		14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		15 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		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. Hydramatic Drilling Co 126 Business name _____ License No. _____ Address Salina Ks Signed Robert Date 6-9-75 Authorized representative		
16 Remarks: elevation						
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5