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

WATER WELL RECORD
KSA 82a-1201-1215

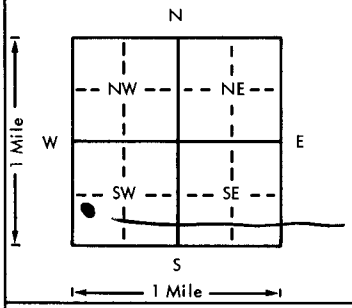
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	SALINE	NW 1/4 SW 1/4 SW 1/4	6	T 15 S	R 3 W

2. Distance and direction from nearest town or city: 3mi. NORTH 1mi. WEST OF
Street address of well location if in city: SMOLAN, KS.

3. Owner of well: Jim Brecker
R.R. or street: 215 Courts
City, state, zip code: CONCORDIA, KANSAS

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



DOMESTIC WELL

6. Bore hole dia. 8 in. Completion date 4-25-78
Well depth 60 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material ____ Height: (Above) or below
Threaded ____ Welded ____ Surface 12 in.
RMP ____ PVC X Weight ____ lbs./ft.
Dia. 4 in. to 60 ft. depth Wall Thickness: inches or gage No. .40/4 in
Dia. ____ in. to ____ ft. depth

5. Type and color of material	From	To
Top soil	0	3
Fine sand	3	6
Brown Clay	6	18
Sandstone and clay layers	18	26
Brown Sandstone	26	55
Blue shale	55	60
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Peerless Plastics
Type P.V.C. Dia. 4
Slot/gauze V32 Length 20'
Set between 40 ft. and 60 ft.
____ ft. and ____ ft.
Gravel pack? No Size range of material V4"

11. Static water level: mo./day/yr.
25 ft. below land surface Date 4-25-78

12. Pumping level below land surfaces:
30 ft. after 2 hrs. pumping 10 g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 10 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date ____

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? Yes
With: X Neat cement ____ Bentonite ____ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 10,000 Direction NORTH Type CATTLE
Well disinfected upon completion? X Yes ____ No

17. Pump: X Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:
Topography:
X Hill
__ Slope
__ Upland
__ Valley

19. Remarks:

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 IRR. 138
Business name License No.
Address BOX 150 LINDSBORG, KS.
Signed Mike Peterson Date 5-4-78
Authorized representative

15 - 3 E - 6 - NW SW SW
T R Sec 1/4 1/4 1/4

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

Form WWC-5

MI-1023