

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>SE 1/4 SE 1/4 NW 1/4</u>	Section number <u>6</u>	Township number <u>T 15 S</u>	Range number <u>R 3 W E/W</u>
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>25 + 4 mi. W of Salina</u>				3. Owner of well: <u>Harold Larson</u> R.R. or street: <u>Rt. 3</u> City, state, zip code: <u>Salina Ks 67401</u>		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 				6. Bore hole dia. <u>6</u> in. Completion date <u>2-22-77</u> Well depth <u>56</u> ft.		
5. Type and color of material				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: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>16</u> lbs./ft. Dia. <u>4</u> in. to <u>16</u> ft. depth Wall Thickness: inches or Dia. <u>4</u> in. to <u>16</u> ft. depth gage No. <u>Sched 40</u>		
				10. Screen: Manufacturer's name <u>Slip</u> Type <u>slotted</u> Dia. <u>4</u> " Slot/gauze <u>3/32</u> Length <u>15</u> " Set between <u>41</u> ft. and <u>56</u> ft. ft. and <u>56</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8"</u>		
				11. Static water level: <u>31</u> ft. below land surface Date <u>2-22-77</u> mo./day/yr.		
(Use a second sheet if needed)				12. Pumping level below land surfaces: <u>49</u> ft. after <u>1</u> hrs. pumping <u>4</u> g.p.m. ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. Estimated maximum yield <u>5</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: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" 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>0</u> Direction <u>N-S-E-W</u> Type <u>pasture</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(Use a second sheet if needed)				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: <u>1402 ± 20</u> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <u>Hydraulic Drilling Co</u> <u>126</u> Business name License No. Address <u>Salina Kansas</u> Signed <u>Ortner</u> <u>3-2-77</u> Date Authorized representative		
				15 -30 -6 SE 1/4 1/4 1/4		

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

Form WWC-5