

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>NW 1/4 SE 1/4 SW 1/4</u>	Section number <u>6</u>	Township number <u>15</u>	Range number <u>3 W</u>	E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>3 N. Smolan</u>				3. Owner of well: <u>Clifford S. Clark Allan Hocking</u> R.R. or street: <u>24 Chestview Drive</u> City, state, zip code: <u>Salina Kans 67401</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>6</u> in. Completion date <u>9-30-76</u> Well depth <u>34</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			
5. Type and color of material		From		To		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>      </u> lbs./ft. Dia. <u>4</u> in. to <u>34</u> ft. depth Wall Thickness: inches or Dia. <u>      </u> in. to <u>      </u> ft. depth gage No. <u>Seal 40</u>	
<u>Colluvium:</u> <u>Clay, sandy + rubble</u> <u>Shale, yellow + gray</u> <u>Sandstone, fine</u> <u>Shale, gray</u>						10. Screen: Manufacturer's name <u>Slopf</u>	
						Type <u>Slot</u> Dia. <u>4"</u> Slot/gauze <u>3/32</u> Length <u>6'</u> Set between <u>28</u> ft. and <u>34</u> ft. <u>      </u> ft. and <u>      </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8"</u>	
						11. Static water level: <u>22.5</u> ft. below land surface Date <u>9-30-76</u>	
						12. Pumping level below land surfaces: <u>      </u> ft. after <u>1/2</u> hrs. pumping <u>2.5</u> g.p.m. <u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m. Estimated maximum yield <u>2.5</u> g.p.m.	
						13. Water sample submitted: <u>      </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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>      </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> HP <u>      </u> Volts <u>      </u> Model number <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:		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 <u>Salina Kans</u> License No. <u>      </u> Address <u>      </u> Signed <u>      </u> Date <u>10-4-76</u> Authorized representative			

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

Form WWC-5