

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 SW 1/4 SE 1/4 NW 1/4	Section number 6	Township number T 15 S	Range number R 3W E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: 3E 15 BAKING				3. Owner of well: Eugene Revels R.R. or street: 725 MORRISON City, state, zip code: Salina Kans 67401		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 6 in. Completion date 11-8-76 Well depth 56 ft.		
				7. <input 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: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 4 in. to 50 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. Sched. 40
						10. Screen: Manufacturer's name Shop Type slots Dia. 4" Slot/gauze 3/32 Length 15' Set between 35 ft. and 50 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8"
Residual soil				11. Static water level: <input type="checkbox"/> mo./day/yr. 25 ft. below land surface Date 11-8-76		
Clay, silty buff		0 4		12. Pumping level below land surfaces: ft. after 1 hrs. pumping 5 g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 5 g.p.m.		
Krieger fm.				13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.		
Shale, yellow-gray		4 11		14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade		
Sandstone fine + shale, gray		11 40		15. Well grouted? <input checked="" type="checkbox"/> Y With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 13 ft.		
Shale, gray		40 45		16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Shale, gray + sandstone, fine		45 49		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		
Shale, dark gray		49 50		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. Hydraulic Drilling Co 126 Business name License No. Address Salina KS Signed Ed Fent 12-2-76 Authorized representative Date		
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:				
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

T 15
 R 3W
 Sec 6
 1/4 1/4 1/4