

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 NE 1/4 SW 1/4</u> | Section number <u>6</u> | Township number <u>T 15 S</u> | Range number <u>R 3 E</u> |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: | | | 3. Owner of well: <u>HAROLD LARSON</u> R.R. or street: <u>Box 904</u> City, state, zip code: <u>SALINA, KS.</u> | | |
| 4. Locate with "X" in section below: N W E S 1 Mile | | | Sketch map: | | |
| | | | 6. Bore hole dia. <u>9</u> in. Completion date <u>2-3-76</u> Well depth <u>70</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 | | |
| 5. Type and color of material | | | 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 <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>5</u> in. to <u>20</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth Gage No. <u>126</u> | | |
| Top soil Red rock Yellow clay Blue clay Sand Rock Black clay Blue Shale | | | 10. Screen: Manufacturer's name <u>Jet Stream</u> Type <u>pvc</u> Dia. <u>5"</u> <input checked="" type="checkbox"/> Slot gauge <u>.031</u> Length <u>15'</u> Set between <u>55</u> ft. and <u>70</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 - 1/2</u> | | |
| | | | 11. Static water level: <u>40</u> ft. below land surface Date <u>2-3-76</u> mo./day/yr. | | |
| | | | 12. Pumping level below land surfaces: <u>45</u> ft. after <u>1</u> hrs. pumping <u>15</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>15</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 checked="" type="checkbox"/> Pitless adapter <u>18</u> Inches above grade <input checked="" type="checkbox"/> Well grouted? <u>NO</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>*</u> ft. to <u> </u> ft. | | |
| | | | 15. Nearest source of possible contamination: <u>NONE</u> ft. 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> 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: | | |
| 19. Remarks: <u>*Owner was told of grouting regulations</u> <u>Wants to wait till pitless is installed.</u> | | | 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>Harold Larson</u> Business name <u> </u> License No. <u>199</u> Address <u> </u> Signed <u>M. J. Sant</u> Authorized representative Date <u>2-3-76</u> | | |

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

Form WWC-5