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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Saline		SE$_c$ SW	16	15 S	3 W

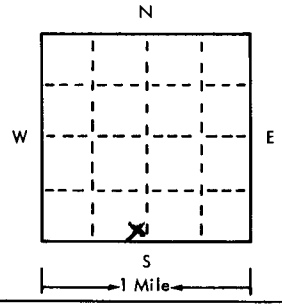
Distance and direction from nearest town or city: 1½ Mi. E

Street address of well location if in city: Smolan

3 Owner of well: Donald Zimmerman

Address: Rt. 1 Smolan Kans

Locate with "X" in section below:



N
W E
S
1 Mile

Sketch map:

(In feet below LS)

2 Type and color of material	From	To
Alluvium:		
Clay, gray & tan	0	39
3 Gravel, medium to fine & sand	39	42
Clay, gray & tan	42	47
4 Gravel medium to fine & sand	47	51
7 Pinnescah Shale:		
Shale, red & green	51	52
(use a second sheet if needed)		

4 Well depth: 50 ft. Date of completion 7-16-75
Well diameter 4 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ _____

7 Casing: Material RMP Height: above/below
Threaded ☐ Welded ☒ Surface 12 in.
Diam. Weight ____ lbs./ft. ____
4 in. to 50 ft. depth Drive shoe? ☐ Yes ☒ No
____ in. to ____ ft. depth

8 Screen:
Manufacturer shop
Type RMP Dia. 4"
Slot/gauze 3/32 Length 3'
Set between 47' ft. and 50 ft. ____
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/4"

9 Static water level:
22 ft. below land surface Date 7-16-75

10 Pumping level below land surfaces:
40 ft. after 1/2 hrs. pumping 5 g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 5 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ____

12 Well head completion:
☐ Pitless adapter ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 3 ft. to 13 ft.

14 Nearest source of possible contamination:
ft. ____ Direction ____ Type ____
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☐ Upland
☒ Valley

17 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.

Hyshaulic Drilling 126
Business name License No.
Address Salina Ks
Signed [signature] Date 9-10-75
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H