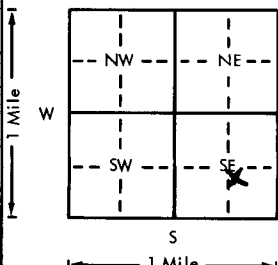


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>Saline</b>	Fraction <b>NW 1/4 SE 1/4 SE 1/4</b>	Section number <b>26</b>	Township number <b>T 15 S</b>	Range number <b>R 3 W</b>	E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>7 miles S. Salina</b>			3. Owner of well: <b>John Massey</b> R.R. or street: <b>2221 S. Ohio</b> City, state, zip code: <b>Salina Kans 67401</b>			
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: 		6. Bore hole dia. <b>6</b> in. Completion date Well depth <b>41</b> ft. <b>3-14-78</b>		
5. Type and color of material		From	To	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		
Terrace:				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		
Clay, silty, yellow-gray + brown		0	25	9. Casing: Material <input type="checkbox"/> Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>4</b> in. to <b>41</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>#200</b>		
Gravel, fine to coarse, silty		25	29	10. Screen: Manufacturer's name <b>Shop</b> Type <b>slots</b> Dia. <b>4"</b> Slot/gauze <b>3/32</b> Length <b>3'</b> Set between <b>38</b> ft. and <b>41</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/8"</b>		
Clay, silty, brown		29	35	11. Static water level: <input type="checkbox"/> mo./day/yr. <b>17</b> ft. below land surface Date <b>3-14-78</b>		
Gravel, fine to coarse + sand		35	40	12. Pumping level below land surfaces: <b>31</b> ft. after <b>1/2</b> hrs. pumping <b>10</b> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>12</b> g.p.m.		
Wellington formation:				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
Shale, gray		40	41	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> 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 <b>3</b> ft. to <b>13</b> ft.		
				16. Nearest source of possible contamination: ft. <b>250'</b> Direction <b>W</b> Type <b>septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				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		
		(Use a second sheet if needed)				
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. <b>Thompson, Dulling 126</b> Business name <b>Salina Kans</b> License No. <b>3-31-78</b> Address <b>Salina Kans</b> Signed <b>D. J. Fent</b> Date <b>3-31-78</b> Authorized representative			
Topography: <input type="checkbox"/> Hill <input checked="" 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