

USE TYPEWRITER OR BALL  
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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 NW 1/4 SE 1/4</u>	Section number: <u>1</u>	Township number: <u>T 16 S</u>	Range number: <u>R 3 E</u>
2. Distance and direction from nearest town or city: <u>Assaria, Kan.</u>			3. Owner of well: <u>Stress Cast Inc.</u>			
Street address of well location if in city: <u>1/2 W - 1 N - 1/2 E.</u>			R.R. or street: <u>R.R.</u>			
			City, state, zip code: <u>Assaria, Kan.</u>			
4. Locate with "X" in section below:		Sketch map: <u>E</u>		6. Bore hole dia. <u>8</u> in. Completion date <u>6-29-76</u>		
				Well depth <u>60</u> ft. <u>6-29-76</u>		
				7. 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 <input type="checkbox"/>		
				8. Use: Domestic <input type="checkbox"/> Public supply <input checked="" 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 <input type="checkbox"/>		
				9. Casing: Material <u>PEST</u> Height Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5</u> in. to <u>6</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. <u>44</u>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>J. A. Brown</u>		
<u>Top Soil</u>		<u>0</u>	<u>2</u>	Type <u>PVC</u> Dia. <u>5"</u>		
<u>Silly Clays</u>		<u>2</u>	<u>17</u>	Slot <u>1/16"</u> Length <u>10'</u>		
<u>Gray Clays</u>		<u>17</u>	<u>29</u>	Set between <u>50</u> ft. and <u>60</u> ft.		
<u>Blue Clays</u>		<u>29</u>	<u>38</u>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8" - 1/4"</u>		
<u>Fine to med sands</u>		<u>38</u>	<u>46</u>	11. Static water level: <u>22' 6"</u> mo./day/yr. Date <u>6-29-76</u>		
<u>Med to coarse sands &amp; gravels</u>		<u>46</u>	<u>59</u>	12. Pumping level below land surfaces: <u>23</u> ft. after <u>2</u> hrs. pumping <u>15</u> g.p.m. <u>30</u> ft. after <u>2</u> hrs. pumping <u>40</u> g.p.m. Estimated maximum yield <u>60</u> g.p.m.		
<u>Blue shales</u>		<u>59</u>	<u>61</u>	13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>6-29-76</u>		
				14. Well head completion: Pitless adapter <u>12</u> inches above grade		
				15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>12</u> ft.		
				16. Nearest source of possible contamination: ft. <u>900</u> Direction <u>N.E.</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Wagner</u> Model number <u>14415</u> HP <u>1.05</u> Volts <u>230</u> Length of drop pipe <u>45</u> ft. capacity <u>40</u> g.p.m. Type: <input checked="" 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:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<u>This well is for Batch Plant Concrete. Well location Central Room.</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Patricia Brown</u> <u>138</u> Business name License No. Address <u>Box 150 Leadaway, Kan.</u> Signed <u>Wally Brown</u> Date <u>8-10-76</u> Authorized representative		

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

Form WWC-5