WATER WELL RECORD KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

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	County	Fraction		Section	number	Township number	Range number	
1. Location of well:	Saline	NW1/4 NE 1/4 NH	V 1/4	2	4	1 16	s R 4W E/W	
2. Distance and dire	ection from nearest town or city: 2	non Nelson						
Street address of well location if in city: Falus Kaus					Rt			
City, state, zip code: Fq						alun Kaus	67442	
4. Locate with "X" in section below: Sketch map:						6. Bore hole dia.	in. Completion date	
T IX I						7Cable tool 🛧 Rotary Driven Dug		
						Hollow rod Jetted Bored Reverse rotary		
						8. Use: XDomestic Public supply Industry		
					Irrigation Air conditioning Stock Lawn Oil field water Other			
SW SE							iHeight Above or below	
<u> </u>						Threaded Welded _	iSurface/ 2in.	
S AND				Feet		RMPPVC_KWeightlbs./ft. Dia. 4 in. to 59.5 ft. depth Wall Thickness: inches or		
5. Type and color of material				From	То	Dia in. to ft.	depth gage No. 5. 40	
						10. Screen: Manufacture	er's name Shop	
Collavium:						Type S/ots	Dig. 4"	
				0	4	Type 5/0 ts Slot/gauze 3/3 2	Length	
Clay, brown				<u> </u>	- -		ft. andft.	
Wellington fm:							ze range of material 3/8"	
Shale, gray-green + yellow; interbodal				S		11. Static water level:	d surface Date <u>5-25-77</u>	
with dolomite silty gray, porous				4	٤3	12. Pumping level below 	land surfaces:	
Shale, redt green				23	49	ft. after	hrs.pumpingg.p.m.	
Shale dark gray				49	52	Estimated maximum yield 13. Water sample submitt		
, , ,				52	60	Yes No		
Shale, dark gray + gypsum						14. Well head completion	n: Inches above grade	
						Pitless adapter 15. Well grouted?		
						With: X Neat cement	Bentonite Concrete	
						Depth: From ft.		
						16. Nearest source of pos ft. 150 Direction	ssible contamination: NW Type Septic	
						Well disinfected upon co		
						17. Pump: Manufacturer's name	_X Not installed	
						Model number	HP Volts	
						Length of drop pipe Type:	ft. capacityg.p.m.	
						Submersible	Turbine	
						Jet	Reciprocating Other	
(Use a second sheet if needed) 18. Elevation: 19. Remarks:					Centrifugal			
70. Elevation:	, , , Nollidi Na,						er my jurisdiction and this report	
Topography:						is true to the best of my l	knowledge and belief.	
Hill	- 0					Business name	License No.	
Slope						Address Address	2 of 7-11-77	
Upland						Signed Authorized	7 part Date Date	

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

Form WWC-5