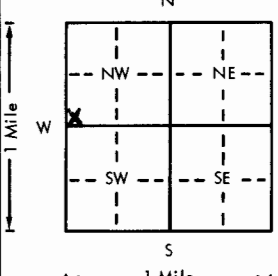


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 McPherson	Fraction SW 1/4 SW 1/4 NW 1/4	Section number 2	Township number T 17	Range number S R 2W	E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: 6 mi SE of Bridgeport				3. Owner of well: Raymond Stover R.R. or street: 1109 Sunrise Drive City, state, zip code: Salina Kans 67401			
4. Locate with "X" in section below: N W X E S 1 Mile				Sketch map: 			
5. Type and color of material				From	To	6. Bore hole dia. 6 in. Completion date 3-22-77 Well depth 27 ft.	
Alluvium:						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	
Clay, silty, grey-brown				0	17	8. Use: <input 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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Sand, fine, silty				17	20	9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 4 in. to 27 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 5, 40	
Kiowa fm:						10. Screen: Manufacturer's name Slap Type slots Dia. 4" Slot/gauze 4/16 Length 3.5' Set between 23.5 ft. and 27 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 4/10"	
Sandstone, fine				20	27	11. Static water level: <input type="checkbox"/> mo./day/yr. 13 ft. below land surface Date 3-22-77	
						12. Pumping level below land surfaces: 23 ft. after 1/2 hrs. pumping 5 g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 5.5 g.p.m.	
						13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
						14. Well head completion: <input type="checkbox"/> Pitless adapter 12 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 0 ft. to 13 ft.	
						16. Nearest source of possible contamination: ft. 70 Direction N Type Septic T 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. Hydraulic Drilling 126 Business name Salina Ks License No. 8-11-77 Address Salina Ks Signed Q. J. Fent Date 3-11-77 Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley							

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

Form WWC-5

17 - 20 - 2 SW 1/4 NW 1/4