

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
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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

County McPherson		Fraction SW_{1/4} SW_{1/4} SW_{1/4}		Section number 19		Township number T 17		Range number S R 2W		E/W			
1. Location of well: McPherson					3. Owner of well: Leslie Sadler R.R. or street: 1842 Hageman City, state, zip code: Salina, Kans 67401								
2. Distance and direction from nearest town or city: Street address of well location if in city:					6. Bore hole dia. 6 in. Completion date _____ Well depth 40 ft. 7-1-76								
4. Locate with "X" in section below: <div style="text-align: center;">N <table border="1" style="margin: auto; border-collapse: collapse;"><tr><td style="width: 50px; height: 50px; text-align: center;">NW</td><td style="width: 50px; height: 50px; text-align: center;">NE</td></tr><tr><td style="width: 50px; height: 50px; text-align: center;">SW</td><td style="width: 50px; height: 50px; text-align: center;">SE</td></tr></table> S 1 Mile</div>					NW	NE	SW	SE	Sketch map: <div style="text-align: center;">1 Mile</div>				
NW	NE												
SW	SE												
5. Type and color of material					From	To	7. <input checked="" 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						
Alluvium:							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, buff					0	16	9. Casing: Material _____ Height: above or below Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.						
Gravel coarse to fine, silty					16	18	Dia. 4 in. to 40 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. Sched 40						
Clay, tan + gray					18	37	10. Screen: Manufacturer's name Sharp Type Slots Dia. 4" Slot/gauze 3/16 Length 3' Set between 37 ft. and 40 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8						
Gravel coarse to fine + sand					37	39.5	11. Static water level: _____ mo./day/yr. 12.5 ft. below land surface Date 7-1-76						
Wellingtons. fm:							12. Pumping level below land surfaces: _____ ft. after 1 hrs. pumping 5 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 8 g.p.m.						
Shale, blue - gray					39.5	40	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____						
							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. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
							17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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)							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. Hyalumbe Drilling 126 Business name _____ License No. _____ Address Salina, Kans Signed D. J. Fant 9-1-76 Authorized representative _____ Date _____						
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks:											

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

Form WWC-5

MI-1023