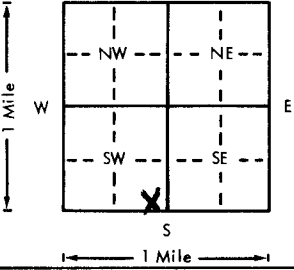


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

<input checked="" type="checkbox"/> Location of well:	County Ottawa	Fraction SE 1/4 SE 1/4 SW 1/4	Section number 36	Township number T 12 S R 2	Range number EW
<input checked="" type="checkbox"/> Distance and direction from nearest town or city: 1/2 mile south S West Street address of well location if in city: 1 east of Niles West			3. Owner of well: Morris Rasher R.R. or street: R.R. # 1 City, state, zip code: Solomon, Kansas 67480		
4. Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date <u>4/12/77</u> Well depth <u>72</u> ft.	
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	
Sand		0	15	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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Clay		15	22	9. Casing: Material <u>plst</u> Height: Above or <u>xxx</u> Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>72</u> ft. depth Wall thickness: _____ inches or Dia. _____ in. to _____ ft. depth gage No. <u>0.258</u>	
Blue shale		22	24	10. Screen: Manufacturer's name <u>Western Plastics</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>3/32</u> Length <u>17</u> Set between <u>58'</u> ft. and <u>72'</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>1/16 to 3/8</u>	
Red shale		24	26	11. Static water level: _____ mo./day/yr. <u>13</u> ft. below land surface Date <u>4/12/77</u>	
Buff and shaley white		26	35	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.	
Blue clay		35	72	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
				14. Well head completion: <u>18</u> inches above grade <input type="checkbox"/> Pitless adapter	
				<input checked="" type="checkbox"/> Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input 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. _____ Direction _____ Type <u>none</u> Well disinfected upon completion? <input 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	
				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. <u>Rader Drilling Co.</u> <u>194</u> Business name License No. Address <u>Carlton, Kansas 67429</u> Signed <u>Brent E. Rader</u> Date <u>5-22-77</u> Authorized representative	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <p style="text-align: center;">Well is located in a pasture</p>				

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

Form WWC-5