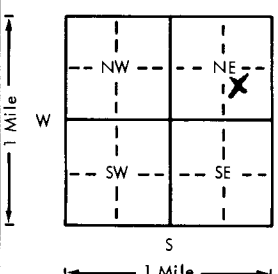


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <b>Ottawa</b>		Fraction <b>NW 1/4 SE 1/4 NE 1/4</b>		Section number <b>30</b>		Township number <b>T 12 S</b>		Range number <b>R 3 W</b>		E/W	
2. Distance and direction from nearest town or city: <b>3 1/2 E + 1 mi. N of Culver</b>				3. Owner of well: <b>Don Booher</b> R.R. or street: <b>Rt. 1</b> City, state, zip code: <b>Salina Kans 67401</b>							
4. Locate with "X" in section below: 				Sketch map:				6. Bore hole dia. <u>6</u> in. Completion date <u>6/8/78</u> Well depth <u>55</u> ft.			
				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				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"/> Low <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
5. Type and color of material				From		To		9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>55</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>21200</u>			
<b>Silt, sandy tan</b>				<b>0</b>		<b>8</b>		10. Screen: Manufacturer's name <u>Stap</u> Type <u>slots</u> Dia. <u>4"</u> Slot/gauze <u>1/16"</u> Length <u>10'</u> Set between <u>45</u> ft. and <u>55</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/10"</u>			
<b>Clay, tan</b>				<b>8</b>		<b>12</b>		11. Static water level: _____ mo./day/yr. <u>26</u> ft. below land surface Date <u>6/8/78</u>			
<b>Krieger fm.</b>								12. Pumping level below land surfaces: <u>ND</u> ft. after <u>1/2</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>12</u> _____ g.p.m.			
<b>Sandstone, fine, silty</b>				<b>12</b>		<b>40</b>		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
<b>Sandstone, fine</b>				<b>40</b>		<b>51</b>		14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade			
<b>Shale, gray</b>				<b>51</b>		<b>55</b>		15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.			
								16. Nearest source of possible contamination: ft. <u>Open</u> Direction <u>field</u> 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			
								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. <b>Hydra-Drilling 126</b> Business name _____ License No. _____ Address <u>Salina, Kans</u> Signed <u>[Signature]</u> Date <u>7/6/78</u> Authorized representative			
18. Elevation:		19. Remarks:									
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley											

T 12 S R 3 W E 30 NWSENE 1/4 1/4 1/4

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

Form WWC-5