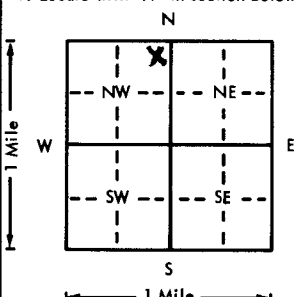


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Saline	Fraction NE 1/4 NE 1/4 NW 1/4	Section number 8	Township number T 13 S R 2	Range number EW
2. Distance and direction from nearest town or city: 4 W, 4 N Street address of well location if in city: New Cambria			3. Owner of well: J. Barton Webster R.R. or street: 608 S. Phillips City, state, zip code: Salina, Kansas 67401		
4. Locate with "X" in section below: 			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. 8 in. Completion date _____ Well depth 44 ft. 5/16/75
Sand			0	12	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
Sand rock			12	36	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
Blue shale			36	44	9. Casing: Material PVC Height Above or below Threaded _____ Welded gl Surface 18 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 44 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 0.214
					10. Screen: Manufacturer's name Western Plastic Type PVC Dia. _____ Slotted gauze 3/32 Length 24' Set between 20 ft. and 44 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/16 to 3/8
					11. Static water level: _____ mo./day/yr. 25 ft. below land surface Date 5/16/75
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 12 g.p.m.
					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 18' 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 10 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)		
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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. Rader Drilling Co. 194 Business name _____ License No. _____ Address Carlton, Kans. 67429 Signed Burt E. Rader Date 2-19-75 Authorized representative		

T 13 S R 2 E W Sec 8 NE NE NW 1/4 1/4 1/4 1/4

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

Form WWC-5