

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 <u>Saline</u>	Fraction <u>NE 1/4 NE 1/4 SW 1/4</u>	Section number <u>14</u>	Township number <u>T 13 S R 3</u>	Range number <u>EW</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>53</u> ft. <u>9/7/76</u>		
			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"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material			9. Casing: Material <u>plst</u> Height: Above or below _____ Threaded <input type="checkbox"/> Welded <u>g1</u> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>53</u> ft. depth Wall thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gauge No. <u>0-258</u>		
			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>10'</u> Set between <u>43</u> ft. and <u>53</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>1/16 to 3/8</u>		
Clay			11. Static water level: _____ mo./day/yr. <u>29</u> ft. below land surface Date <u>9/7/76</u>		
Sand and gravel			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>24</u> g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> inches above grade		
			15. 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>10</u> 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. <u>Rader Drilling Co.</u> 19 <u>4</u> Business name _____ License No. _____ Address <u>Carlton, Kansas</u> 674 <u>29</u> Signed <u>Brent E Rader</u> Date <u>11-30</u> Authorized representative		
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: <u>Well drilled in river bottom. No known source of contamination.</u>				

13-3-14 NENE SW 1/4 1/4 1/4

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

Form WWC-5