

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>Saline</b>	Fraction <b>SW 1/4 NE 1/4 SW 1/4</b>	Section number <b>25</b>	Township number <b>T 13 S R 3</b>	Range number <b>3</b>	<b>EW</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>3 miles north of Salina</b>			3. Owner of well: R.R. or street: City, state, zip code:		<b>George Frisbie Gypsum, Kansas 67448</b>		
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>60</u> ft. <u>8/16/79</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 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 checked="" type="checkbox"/> <b>Post</b>		
5. Type and color of material					9. Casing: Material <u>plst</u> Height: Above or below _____ Threaded _____ Welded <u>gl</u> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>0.258</u>		
					10. Screen: Manufacturer's name _____ <b>Western Plastics</b> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>3/32</u> Length <u>20</u> Set between <u>40</u> ft. and <u>60</u> ft. Gravel pack? <input checked="" type="checkbox"/> <b>Yes</b> Size range of material <u>1/16 to 3/8</u>		
					<input checked="" type="checkbox"/> Static water level: _____ mo./day/yr. <u>10</u> ft. below land surface Date <u>8-20-79</u>		
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ <u>100</u> 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 _____ <u>18</u> Inches above grade		
					15. Well grouted? <input checked="" type="checkbox"/> <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>33</u> ft.		
					16. Nearest source of possible contamination: ft. <u>75</u> Direction <u>north lagoon</u> Type _____ 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		
					18. 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>Rader Drilling Co. 194</b> Business name _____ License No. _____ Address <b>Carlton, Kansas 67429</b> Signed <u>Brant E. Rader</u> Date <u>10-3-79</u> Authorized representative _____		
18. Elevation:		19. Remarks:					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

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

Form WWC-5