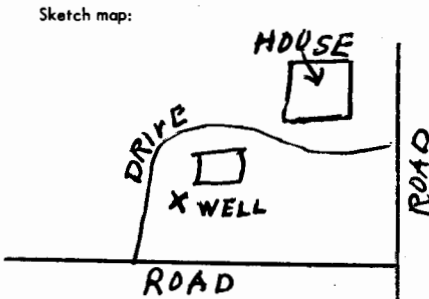


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>NE 1/4 SE 1/4 SE 1/4</b>	Section number <b>32</b>	Township number <b>T 14 S R 1 E W</b>	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>Kipp, Kans.</b>			3. Owner of well: <b>Charlie Waddle</b> R.R. or street: <b>Kipp, Kansas</b> City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <sup>8</sup> / <sub>64</sub> in. Completion date <b>4/12/78</b> Well depth <b>64</b> ft.	
5. Type and color of material		From		To	
		Brown clay		0 20	
		Yellow clay		20 49	
Black shale		49 64		7. 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	
				9. Casing: Material <b>plst</b> Height: Above or <del>below</del> Threading: <input type="checkbox"/> Welded <input type="checkbox"/> gl Surface <b>18</b> in. RMP <input checked="" type="checkbox"/> PVC Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>64</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>0.258</b>	
				10. Screen: Manufacturer's name <b>Western Plastics</b> Type <b>RMP</b> Dia. <b>5"</b> Slot/gauze <b>3/32</b> Length <b>40'</b> Set between <b>24</b> ft. and <b>64</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <b>1/16 to 3/8</b>	
				11. Static water level: _____ mo./day/yr. <b>12</b> ft. below land surface Date <b>4/12/78</b>	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>20+</b> g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ <b>18</b> inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
				16. Nearest source of possible contamination: ft. <b>150</b> Direction <b>Sewer</b> Type <b>North</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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>Rader Drilling Co.</b> <b>194</b> Business name License No. _____ Address <b>Carlton, Kansas</b> License No. <b>67429</b> Signed <b>Brant P. Rader</b> Date <b>2-10-78</b> Authorized representative	
18. Elevation:		19. Remarks:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 14 S R 1 E W 32 NE SE SE

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

Form WWC-5