

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 NW 1/4 NW 1/4</u>	Section number <u>3</u>	Township number <u>T 14 S R 2</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:		
2. Distance and direction from nearest town or city: <u>3 miles east and 2 north of Salina</u>			3. Owner of well: <u>R. L. Rockhold</u> R.R. or street: <u>R.R. #1</u> City, state, zip code: <u>New Cambria, Kansas 67470</u>		
4. Locate with "X" in section below: N		Sketch map:			
		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>60</u> ft. <u>4/9/76</u> 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 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 <u>plst</u> Height: Above or <u>below</u> Threaded _____ Welded <u>gl</u> Surface <u>18</u> in. RMP _____ PVC <input checked="" type="checkbox"/> 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>			
5. Type and color of material		From	To		
Top soil		0	2		
Clay		2	35		
Gravel		35	60		
					10. Screen: Manufacturer's name <u>Western Plastics</u>
					Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>3/32</u> Length <u>6'</u> Set between <u>54</u> ft. and <u>60</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>1/16 to 3/8</u>
					11. Static water level: _____ mo./day/yr. <u>25</u> ft. below land surface Date <u>4/9/76</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>204</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? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: ft. <u>100'</u> Direction <u>east</u> Type <u>sewer</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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. <u>Rader Drilling Co.</u> <u>194</u> Business name _____ License No. _____ Address <u>Carlton, Kansas 67429</u> Signed <u>Brent E. Rader</u> Date <u>6/2/76</u> Authorized representative
18. Elevation:		19. Remarks:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<u>Concrete slab to be installed by customer at surface of ground.</u>			

14  
 2  
 3  
 SECTION  
 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