

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 NW 1/4 NE 1/4 NW 1/4	Section number 3	Township number T 14 S R 2	Range number 2	(EW)
2. Distance and direction from nearest town or city: 4 miles east of Salina			3. Owner of well: Rick Wolfe		R.R. or street: 1032 Scott		
Street address of well location if in city:			City, state, zip code: Salina, Kansas 67401				
4. Locate with "X" in section below:				Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>56</u> ft. <u>11/18/77</u>	
				<p>DRILLED IN A BRDME FIELD</p>		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	
5. Type and color of material				From	To	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	
Clay				0	34	9. Casing: Material <u>Plst</u> Height: Above or below _____ Threaded _____ Welded <u>pl</u> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>56</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gauge No. <u>0.258</u>	
Fine sand				34	43	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>46</u> ft. and <u>56</u> ft. _____ ft. and _____ ft.	
Sand and gravel				43	56	Gravel pack? <u>Yes</u> Size range of material <u>1/16 to 3/8</u>	
						11. Static water level: <u>20</u> ft. below land surface Date <u>11/18/77</u> mo./day/yr.	
						12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30+</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 _____ 18 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 <u>none</u> 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:		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. <u>Rader Drilling Co.</u> <u>194</u> Business name License No. _____ Address <u>Carlton, Kansas 67429</u> Signed <u>Robert E Rader</u> Date <u>3-10-78</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley							

T 14 R 2 S 3 - NW 1/4 NE 1/4

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

Form WWC-5