

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 SW 1/4 SW 1/4 SE 1/4	Section number 11	Township number T 14 S R 2	Range number EW
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:		Elmer Garringer R.R. # 3 Salina, Kansas	
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>62</u> ft. <u>8/30/77</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	
5. Type and color of material			From	To	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	
Black clay			0	21	9. Casing: Material <u>plst</u> Height: Above or below _____ Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>62</u> ft. depth; Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth; gage No. <u>0.258</u>	
Gravel			21	30	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>47</u> Set between <u>15</u> ft. and <u>62</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/16 to 3/8</u>	
Gray and yellow clay			30	38	11. Static water level: _____ mo./day/yr. <u>20</u> ft. below land surface Date <u>8/30/77</u>	
white shale			38	57	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
Blue clay and shale			57	62	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
(Use a second sheet if needed)					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. <u>200</u> Direction <u>south</u> Type <u>septic</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	
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> 194 Business name License No. Address <u>Carlton, Kansas</u> Signed <u>Brent E Rader</u> Date <u>10-26</u> Authorized representative			

T 14 S R 2 E W
 Sec 11
 SW 1/4 SE

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

Form WWC-5