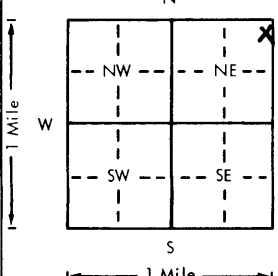


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 NE 1/4 NE 1/4 NE 1/4	Section number 16	Township number T 14 S	Range number R 2W E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: 2 mi. E. Salina			3. Owner of well: Gail Leister R.R. or street: 926 N. 13th City, state, zip code: Salina Kans 67401		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. 6 in. Completion date _____ Well depth 76 ft. 10/16/79	
5. Type and color of material		From To 0 39 39 40 40 71 71 76		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 _____ Height <u>Above</u> or below Threaded _____ Welded _____ Surface 12 in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. 4 in. to 76 ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. 200	
				10. Screen: Manufacturer's name Hydraulic Drilling Co Type slots Dia. 4" Slot/gauze 3/32" Length 7' Set between 29 ft. and 76 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8"	
				11. Static water level: _____ mo./day/yr. 40 ft. below land surface Date 10/16/79	
				12. Pumping level below land surfaces: ND ft. after 2 hrs. pumping 3 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 5 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 12 inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 13 ft.	
				16. Nearest source of possible contamination: ft. 115 Direction W Type septic 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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. Hydraulic Drilling Co 126 Business name _____ License No. _____ Address Salina Kansas Signed Ol'Fent Date 10/5/79 Authorized representative		

T 14 R 2W E/W NE 1/4 NE 1/4

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

Form WWC-5