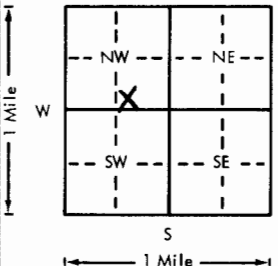
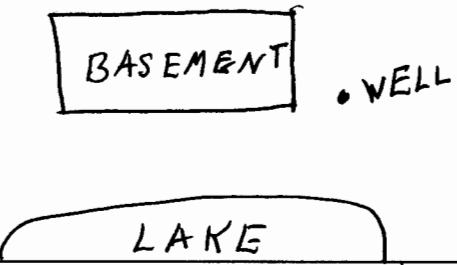


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>SW 1/4 SE 1/4 NW 1/4</b>	Section number <b>30</b>	Township number <b>T 14 S R 2</b>	Range number <b>2</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>2021 Mission Road Salina, Kansas</b>			3. Owner of well: R.R. or street: <b>A. J. Holmquist 1737 E. North St. Salina, Kansas 67401</b> City, state, zip code:		
4. Locate with "X" in section below: 		Sketch map: 		6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>40</b> ft. <b>6/2/78</b>	
5. Type and color of material		From	To	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	
				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	22	9. Casing: Material <u>plast</u> Height: Above or below Threaded _____ Welded <u>gl</u> Surface _____ in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>40</u> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth gage No. <u>0.258</u>	
Fine sand		22	30	10. Screen: Manufacturer's name _____ <b>Western Plastics</b> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>3/32</u> Length <u>5'</u> Set between <u>35</u> ft. and <u>40</u> ft. _____ ft. and _____ ft.	
Gravel		30	40	Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/16 to 3/8</u>	
				11. Static water level: _____ mo./day/yr. <u>20</u> ft. below land surface Date <u>6/2/78</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>20</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 <u>18</u> 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 <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:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" 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. <b>Rader Drilling Co.</b> <u>194</u> Business name License No. Address <b>Carlton, Kansas 67429</b> Signed <u>Burt Rader</u> Date <u>6-2-78</u> Authorized representative	

T 14 S R 2 Sec 30

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

Form WWC-5