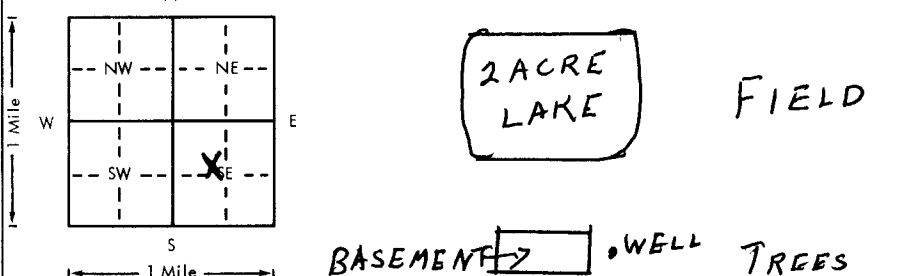


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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> <u>A. J. Molmquist</u>		Fraction <u>SE 1/4 NW 1/4 SE 1/4</u>		Section number <u>30</u>	Township number T <u>14</u> S R <u>2</u>	Range number <u>EW</u>
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>2021 Mission Road</u>				3. Owner of well: A. J. Molmquist R.R. or street: <u>2021 Mission Road 1737 E. NORTH ST</u> City, state, zip code: <u>Salina, Kansas 67401</u>		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>40</u> ft. <u>5/30/78</u>		
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		
Clay		0	20	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		
Sand		20	30	9. Casing: Material <u>plst</u> Height: Above or below _____ Threaded _____ Welded <u>gl</u> Surface <u>18</u> 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>		
Gravel		30	40	10. Screen: Manufacturer's name _____ <u>Western Plastics</u> Type <u>RMP</u> Dia. <u>5"</u> <input checked="" type="checkbox"/> Slot gauze <u>3/32</u> Length <u>5'</u> Set between <u>35</u> ft. and <u>40</u> 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>21</u> ft. below land surface Date <u>5/30/78</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>204</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? <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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input 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. <u>Rader Drilling Co.</u> <u>1978</u> Business name License No. _____ Address <u>Carlton, Kansas 67429</u> Signed <u>Brand Rader</u> Date <u>10-2-78</u> Authorized representative		

T 14 R 2 S 30 Sec 1/4 1/4 1/4 SE NW SE

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

Form WWC-5