

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>	Fraction <u>NW 1/4 NE 1/4 NE 1/4</u>	Section number <u>7</u>	Township number <u>T 14 S</u>	Range number <u>R 3 E</u>		
2. Distance and direction from nearest town or city: <u>4 miles N W of Salina</u>			3. Owner of well: <u>Eldon Arpin</u> R.R. or street: <u>R.R.</u> City, state, zip code: <u>Salina, Kansas 67401</u>					
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date <u>6/21/77</u> Well depth <u>75</u> ft.			
					7. <input checked="" 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 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			
5. Type and color of material			From		To		9. Casing: Material <u>plst</u> Height: Above or <u>below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>      </u> lbs./ft. Dia <u>5</u> in. to <u>75</u> ft. depth Wall Thickness: inches or Dia. <u>      </u> in. to <u>      </u> ft. depth gage No. <u>0.258</u>	
							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>65</u> ft. and <u>75</u> ft. <u>      </u> ft. and <u>      </u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/16 to 3/8</u>	
							11. Static water level: <u>25</u> ft. below land surface Date <u>6/21/77</u> mo./day/yr.	
							12. Pumping level below land surfaces: <u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m. <u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m. Estimated maximum yield <u>204</u> g.p.m.	
							13. Water sample submitted: <u>      </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>      </u>	
							14. Well head completion: <u>      </u> 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: <u>septic</u> ft. <u>250</u> Direction <u>east</u> Type <u>tank</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 <u>      </u> Model number <u>      </u> HP <u>      </u> Volts <u>      </u> Length of drop pipe <u>      </u> ft. capacity <u>      </u> 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> 19 <u>77</u> Business name <u>Carlton, Kansas</u> License No. <u>57429</u> Address <u>      </u> Signed <u>Grant E. Rader</u> Date <u>6-23-77</u> Authorized representative				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley								

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

Form WWC-5