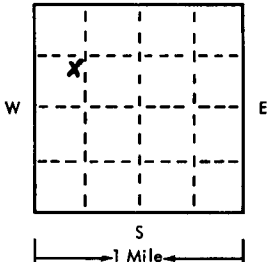


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Saline	Township name NE SW NW	Fraction 25	Section number 14S	Town number 3W	Range number
Distance and direction from nearest town or city: Salina, Kansas Street address of well location if in city: 2025 South 4th St.			3 Owner of well: Leo Schmale Address: 2025 South 4th St. Salina, Kansas			
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: 50 ft. Date of completion 9/5/75 Well diameter 8 in.		
2		Type and color of material	From	To	5 <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	32	6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
		Fine sand and blue clay	32	42	7 Casing: Material RMP Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. Diam. 5 in. to 50 ft. depth Weight 18 lbs./ft. in. to 50 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Sand	45	50	8 Screen: Manufacturer Western Plastics Type RMP Dia. 5 Slot/gauze 3/32 Length 2 1/2' - 8' Set between 42 ft. and 50 ft. Fittings: 1/16 to 3/8 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material	
					9 Static water level: 23 ft. below land surface Date 9/5/75	
					10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 16 g.p.m.	
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
					12 Well head completion: <input type="checkbox"/> Pitless adapter 10 inches above grade	
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite Depth: From 0 ft. to 10 ft.	
					14 Nearest source of possible contamination: cast iron ft. 12 Direction E Type Surface Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.m.p. 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)				
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			17 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. Rader Drilling Co. 194 Business name Carlton, Kansas License No. 67429 Address Brent E. Rader Date 9-24-75 Signed Brent E. Rader Authorized representative			

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5