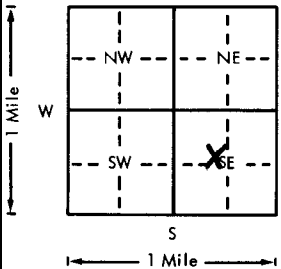


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 SE 1/4 NW 1/4 SE 1/4	Section number 36	Township number T 14 S	Range number R 3 E
2. Distance and direction from nearest town or city: Street address of well location if in city: 2742 Bret St. Salina, Kansas			3. Owner of well: Larry Prester R.R. or street: 2742 Bret St. City, state, zip code: Salina, Kansas 67401			
4. Locate with "X" in section below: 			6. Bore hole dia. 8 in. Completion date 6/30/78 Well depth 54 ft.			
5. Type and color of material			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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
From			9. Casing: Material plst Height: Above or below 188 Threaded <input type="checkbox"/> Welded gl Surface 18 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 54 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 0.258			
			10. Screen: Manufacturer's name Western Plastics Type RMP Dia. 5" Slot/gauze 3/32 Length 4' Set between 50 ft. and 54 ft. Gravel pack? Yes Size range of material 1/16 to 3/8			
(Use a second sheet if needed)			11. Static water level: <input type="checkbox"/> mo./day/yr. 20 ft. below land surface Date 6/30/78			
			12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 20+ g.p.m.			
18. Elevation:			13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____			
			14. Well head completion: <input type="checkbox"/> Pitless adapter 18 inches above grade			
19. Remarks:			15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.			
			16. Nearest source of possible contamination: ft. 20 Direction East Type Surface line Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			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			
			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. Rader Drilling Co. 194 Business name License No. _____ Address Carlton, Kansas 67429 Signed Brant E. Rader Date 10-2-78 Authorized representative			

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

Form WWC-5