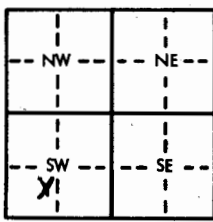


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 NE 1/4 SW 1/4 SW 1/4	Section number 6	Township number T 15	Range number S R 3	E/W
2. Distance and direction from nearest town or city: 3W Street address of well location if in city: 3 1/2 S SALINA, KS				3. Owner of well: Harold LARSON R.R. or street: Box 904 City, state, zip code: SALINA, KS			
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 		6. Bore hole dia. 9 in. Completion date 2-1-76 Well depth 77 ft.		
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				
			9. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 24 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 200 lbs./ft. Dia. 5 in. to 77 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. 226				
			10. Screen: Manufacturer's name Jet Stream Type PVC Dia. 5" Slot gauge .031 Length 20' Set between 40 ft. and 70 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4-1/2				
			11. Static water level: 40 ft. below land surface Date 2-1-76 mo./day/yr.				
(Use a second sheet if needed)			12. Pumping level below land surfaces: 40 ft. after 1 hrs. pumping 15 g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 15 g.p.m.				
			13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 2-1-76 mo./day/yr.				
			14. Well head completion: <input type="checkbox"/> Pitless adapter 24 inches above grade				
			15. Well grouted? NO With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <input type="checkbox"/> ft. to <input type="checkbox"/> ft.				
			16. Nearest source of possible contamination: NONE ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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. Earl Lester Business name Earl Lester License No. 104 Address 2800 Signed E. D. Kent Date 2-1-76 Authorized representative				
			19. Remarks: owner was told of grouting regulations wants to wait until pitless is installed.				

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

Form WWC-5