

Sent 2-1-77

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.WATER WELL RECORD  
KSA 82a-1201-1215Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:	County <b>Dickinson</b>	Fraction <b>NE 1/4 SE 1/4 SE 1/4</b>	Section number <b>33</b>	Township number <b>T 12 S</b>	Range number <b>R 1 E</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>3 mi E, 3 1/2 N Solomon</b>			3. Owner of well: <b>Steve Kohman</b> R.R. or street: <b>R.R. #4</b> City, state, zip code: <b>Abilene, Kansas</b>		
4. Locate with "X" in section below: 			6. Bore hole dia. <b>8</b> in. Completion date <b>11/17/75</b> Well depth <b>62</b> 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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material <b>plst</b> Height <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>10</b> lbs./ft. Dia. <b>5</b> in. to <b>62</b> ft. depth Wall Thickness: inches or Dia. <b>5</b> in. to <b>62</b> ft. depth gage No. <b>0.214</b>		
5. Type and color of material			From	To	10. Screen: Manufacturer's name <b>Western Plastics</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauge <b>3/32</b> Length <b>40'</b> Set between <b>22</b> ft. and <b>62</b> ft. Gravel pack? <b>Yes</b> Size range of material <b>1/16 to 3/8</b>
Fine sand			0	1	11. Static water level: <b>3</b> ft. below land surface Date <b>11/17/75</b>
1/16 to 1/8 sand			1	7	12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>16</b> g.p.m.
Yellow clay			7	16	13. Water sample submitted: ____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date ____
Gray shale			16	20	14. Well head completion: <b>18</b> inches above grade <input type="checkbox"/> Pitless adapter
White shale			20	21	15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
Gray shale			21	29	16. Nearest source of possible contamination: fr. <b>100</b> Direction <b>West</b> Type <b>silo</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Black shale			29	30	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
Blue shale			30	40	
Blue and gray			40	62	
(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. <b>Rader Drilling Co.</b> <b>194</b> Business name License No. Address <b>Carlton, Kans.</b> <b>67429</b> Signed <b>Brant E. Rader</b> Date <b>12-9-76</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5