

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 Dickinson	Fraction NE 1/4 NE 1/4 NW 1/4	Section number 33	Township number T 12 S	Range number R 2 E
2. Distance and direction from nearest town or city: Street address of well location if in city: 3 miles north of Abilene			3. Owner of well: David Bartunck R.R. or street: 1500 N. W. 4th City, state, zip code: Abilene, Kansas 67410		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>53</u> ft. <u>5/9/78</u>	
				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	
5. Type and color of material		From	To	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	
Brown clay		0	3	9. Casing: Material <u>Plst</u> Height: Above or below _____ Threaded _____ Welded <u>gl</u> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>53</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>0.258</u>	
Limestone rock		3	5	10. Screen: Manufacturer's name <u>Western Plastics</u> Type <u>RMP</u> Dia. <u>5 1/2</u> Slot/gauze <u>3/32</u> Length <u>27 1/2</u> Set between <u>26</u> ft. and <u>53</u> ft. _____ ft. and _____ ft.	
Yellow clay		5	11	Gravel pack? <u>Yes</u> Size range of material <u>1/16 to 3/8</u>	
Red clay		11	16	11. Static water level: _____ mo./day/yr. <u>30</u> ft. below land surface Date <u>5/9/78</u>	
Yellow clay		16	20	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.	
Gray clay		20	23	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
Red clay		23	27	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> inches above grade	
Yellow clay		27	40	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.	
Limestone rock		40	43	16. Nearest source of possible contamination: ft. <u>2,000</u> Direction <u>SW</u> Type <u>septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Tough blue clay		43	49	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	
Gypsum rock		49	53	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 <u>Carlton, Kansas 67429</u> Signed <u>Brent E. Rader</u> Date <u>8-10-78</u> Authorized representative	
18. Elevation:		19. Remarks:		20. Water well contractor's certification:	
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 12 R 2 E Sec 33 NE 1/4 NW 1/4

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

Form WWC-5