

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 NE 1/4	Section number 36	Township number T 12 S	Range number R 3	(EW)
2. Distance and direction from nearest town or city: $\frac{1}{4}$ mile west of Chapman			3. Owner of well: Garold A. Olson				
Street address of well location if in city:			R.R. or street: R.R. # 2 Box 104-A				
			City, state, zip code: Chapman, Kansas 67431				
4. Locate with "X" in section below:		Sketch map:					
		PASTURE					
5. Type and color of material		From	To	6. Bore hole dia. <u>8</u> in. Completion date <u>8-3-76</u> Well depth <u>113</u> ft.			
Fine sand		0	2	7. <input checked="" type="checkbox"/> Cable tool 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			
Limestone		2	11	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			
Dry cavity - total loss of circulation				9. Casing: Material <u>Plst</u> Height: Above or Below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>113</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>0.258</u>			
				10. Screen: Manufacturer's name <u>Western Plastics</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>3/32</u> Length <u>60'</u> Set between <u>53</u> ft. and <u>113</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/16 to 3/8</u>			
				11. Static water level: _____ mo./day/yr. <u>83</u> ft. below land surface Date <u>8/3/76</u>			
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>164</u> g.p.m.			
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ inches above grade			
				15. Well grouted? <input checked="" type="checkbox"/> Yes 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.			
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drap 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			
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. <u>Rader Drilling Co.</u> 194 Business name _____ License No. _____ Address <u>Carlton, Kansas 67429</u> Signed <u>Brent E Baker</u> Date <u>11-30-76</u> Authorized representative			
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		Well is located on a hill in a pasture with no known source of contamination.					

T 12 S R 3 W NE NE NE

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

Form WWC-5