

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

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Dickinson	Township name Noble	Fraction SW 1/4, NE 1/4	Section number 30	Town number T-12-S	Range number R-4-E																														
Distance and direction from nearest town or city: .5N, .5W of Chapman			3 Owner of well: George Herman Chapman, Kansas																																	
Street address of well location if in city:			Address:																																	
Locate with "X" in section below: N W E S 1 Mile			Sketch map: Acc		4 Well depth: 140 ft. Date of completion 6/30/75 Well diameter 8 in.																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr><td>Clay</td><td>0</td><td>15</td></tr> <tr><td>Fine sand</td><td>15</td><td>30</td></tr> <tr><td>Hollow rock</td><td>30</td><td>32</td></tr> <tr><td>Fine sand</td><td>32</td><td>61</td></tr> <tr><td>Limestone</td><td>61</td><td>140</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			2 Type and color of material	From	To	Clay	0	15	Fine sand	15	30	Hollow rock	30	32	Fine sand	32	61	Limestone	61	140													5 <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		6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____	
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7 Casing: Material RMP Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. Diam. _____ Weight _____ lbs./ft. _____ 5 in. to 140 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!		8 Screen: Manufacturer Western Plastics Type RMP Dia. 5" Slot/gauze 3/32 Length 2 1/2" Set between 100 ft. and 140 ft. Fittings: 1/16 to 3/8 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____																																		
9 Static water level: 110 ft. below land surface Date 6/30/75		10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 16 g.p.m.																																		
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		12 Well head completion: <input type="checkbox"/> Pitless adapter 18 inches above grade																																		
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.		14 Nearest source of possible contamination: ft. 1500 Direction E Type Stream Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																		
15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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		17 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, Kans. 67429 Signed Paul E. Rader Date _____ Authorized representative																																		
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			(use a second sheet if needed)																																	

1 2 4 E 30 SW SW NE