

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

WATER WELL RECORD
KSA 82o-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County Dickinson	Fraction NW 1/4 SW 1/4 NE 1/4	Section number 30	Township number T 12 S R 4	Range number 4 EW
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below:			Sketch map:		
			<p>SEPTIC</p> <p>HOUSE</p> <p>ROAD</p> <p>WELL</p>		
			<p>6. Bore hole dia. <u>8</u> in. Completion date _____</p> <p>Well depth <u>128</u> ft. <u>3/5/77</u></p> <p>7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug</p> <p><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary</p> <p>8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry</p> <p><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock</p> <p><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other</p> <p>9. Casing: Material <u>plst</u> Height: Above or below _____</p> <p>Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>18</u> in.</p> <p>RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft.</p> <p>Dia. <u>5</u> in. to <u>128'</u> depth Wall Thickness: inches or _____</p> <p>Dia. _____ in. to _____ ft. depth gage No. <u>0.258</u></p>		
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____
Sand			0	12	Western Plastics
Yellow clay and limestone			12	24	Type <u>RMP</u> Dia. <u>5"</u>
Flint rock			24	26	Slot/gauze <u>3/32</u> Length <u>40'</u>
Yellow clay			26	35	Set between <u>88</u> ft. and <u>128</u> ft.
Red shale and clay			35	56	Gravel pack? <u>Yes</u> Size range of material <u>1/16 to 3/8</u>
Yellow clay			56	61	11. Static water level: _____ mo./day/yr.
Limestone and flint			61	84	<u>90</u> ft. below land surface Date <u>3/5/77</u>
Blue shale			84	86	12. Pumping level below land surfaces:
Loss of circulation, limestone			86	91	_____ ft. after _____ hrs. pumping _____ g.p.m.
Loss circulation			91	128	_____ ft. after _____ hrs. pumping _____ g.p.m.
					Estimated maximum yield <u>16*</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 type="checkbox"/> Pitless adapter <u>18</u> inches above grade
					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.
					16. Nearest source of possible contamination:
					ft. <u>150'</u> Direction <u>NW</u> Type <u>Septic</u>
					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 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
18. Elevation:			20. Water well contractor's certification:		
19. Remarks:			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			<u>Rader Drilling Co.</u> <u>194</u> Business name License No.		
			<u>Carlton, Kansas 67429</u> Address		
			Signed <u>Brant E. Rader</u> Date <u>4-8-77</u> Authorized representative		

T
R
E
S
E
C
1/4
1/4
1/4
1/4
NW SW NE SE

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

Form WWC-5