

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

12 4 E 30 W S W E
T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well:	County Dickinson	Township name Noble NW 4	Fraction SW 1/4 of NE 1/4	Section number 30	Town number T-12-S	Range number R-4-E																														
Distance and direction from nearest town or city: Street address of well location if in city:				3 Owner of well: Robert Stillwagon Address: Chapman, Kansas																																
Locate with "X" in section below: N W E S 1 Mile				Sketch map: <i>ALW</i>																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Sand and clay</td> <td>0</td> <td>25</td> </tr> <tr> <td>Rock</td> <td>25</td> <td>32</td> </tr> <tr> <td>Hollow cavity</td> <td>32</td> <td>32</td> </tr> <tr> <td></td> <td>32</td> <td>98</td> </tr> <tr> <td>Hard rock</td> <td>98</td> <td>102</td> </tr> <tr> <td>Hollow rock</td> <td>102</td> <td>104</td> </tr> <tr> <td>Hollow rock and hard rock, Limestone</td> <td>104</td> <td>116</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	Sand and clay	0	25	Rock	25	32	Hollow cavity	32	32		32	98	Hard rock	98	102	Hollow rock	102	104	Hollow rock and hard rock, Limestone	104	116							4 Well depth: 116 ft. Date of completion 8/15/75 Well diameter 8 in.		
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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"/>																																				
7 Casing: Material RMP Height: above 100 Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. Diam. _____ Weight _____ lbs./ft. _____ 5 in. to 116 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. 4 Slot/gauze 3/32 Length 2 1/2 Set between 95 ft. and 116 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: 101 ft. below land surface Date 8/15/75																																				
10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 12 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. _____ Direction _____ Type _____ 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																																				
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				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 Bruce E Rader Date 8-24-75 Authorized representative																																

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