

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

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 <b>Dickinson</b>	Township name <b>Noble</b>	Fraction <b>NE 1/4, SW 1/4, NW 1/4</b>	Section number <b>32</b>	Town number <b>T-12-S</b>	Range number <b>R-4-E</b>
Distance and direction from nearest town or city: Street address of well location if in city <b>217 E. First, CHAPMAN, Ks.</b>				3 Owner of well: <b>Earl Neely</b> Address: <b>217 E. 1st, Chapman, Kans.</b>		
Locate with "X" in section below: Sketch map: <b>N</b>				4 Well depth: <b>42</b> ft. Date of completion <b>9/18/75</b> Well diameter <b>8</b> in.		
				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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well		
2 Type and color of material				7 Casing: Material <b>RMP</b> Height: above <del>32</del> Threading <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. Diam. <b>5</b> " Weight <b>200</b> lbs./ft. <b>5</b> in. to <b>42</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		From		To		8 Screen: Manufacturer <b>Western Plastics</b> Type <b>RMP</b> Dia. <b>5</b> " Slot/gauze <b>3/32</b> Length <b>10'</b> Set between <b>32</b> ft. and <b>42</b> ft. Fittings: <b>1/16 to 3/8"</b> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material
Topsoil		0		2		9 Static water level: <b>24</b> ft. below land surface Date <b>9/18/75</b>
Silt		2		24		10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>24</b> g.p.m.
Sand		24		35		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date
Gravel		35		42		12 Well head completion: <input type="checkbox"/> Pitless adapter <b>18</b> 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 <b>0</b> ft. to <b>10</b> ft.
						14 Nearest source of possible contamination: <b>sewer line</b> ft. <b>50'</b> Direction <b>west</b> Type <b>line</b> 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 checked="" 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. <b>Rader Drilling Co. 194</b> Business name License No. _____ Address <b>Carlton, Kansas 67429</b> Signed <b>Boyle Rader</b> Date <b>11-19</b> Authorized representative		

A

12 4E 32 NE SW NW