

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 <u>Dickinson</u>	Fraction <u>SW 1/4 SW 1/4 SW 1/4</u>	Section number <u>36</u>	Township number <u>T 12 S R 4</u>	Range number <u>(E)W</u>
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>4 miles east, 1 south of Chapman</u>			3. Owner of well: <u>Bill Hasselman</u> R.R. or street: <u>Chapman, Kansas 67431</u> City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. 3 1/2 <u>8</u> in. Completion date _____ Well depth <u>52</u> ft. <u>5/23/77</u>
<u>Top soil</u>			<u>0</u>	<u>1</u>	7. <input checked="" type="checkbox"/> Cable tool <input 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
<u>Yellow & gray hard limestone</u>			<u>1</u>	<u>15</u>	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
<u>yellow clay</u>			<u>15</u>	<u>24</u>	9. Casing: Material <u>plst</u> Height: Above or below _____ Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>52</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gauge No. <u>0.258</u>
<u>Hollow limestone</u>			<u>24</u>	<u>38</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>20'</u> Set between <u>32</u> ft. and <u>52</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/16 to 3/8</u>
<u>Hard yellow limestone</u>			<u>38</u>	<u>43</u>	11. Static water level: _____ mo./day/yr. <u>31</u> ft. below land surface Date <u>5/23/77</u>
<u>Hard gray limestone</u>			<u>43</u>	<u>45</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.
<u>Hard gray shale</u>			<u>45</u>	<u>52</u>	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 <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. _____ Direction _____ Type <u>none</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
					(Use a second sheet if needed)
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>Well was drilled in a brome field</u>		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> <u>194</u> Business name License No. Address <u>Carlton, Kansas 67429</u> Signed <u>Brant E. Rader</u> Date <u>6-23-77</u> Authorized representative		

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

Form WWC-5