

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 <b>Dickinson</b>	Fraction <b>SW 1/4 SE 1/4 NW 1/4</b>	Section number <b>12</b>	Township number <b>T 13 S R 1</b>	Range number <b>EW</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>2 miles west and 1 mile north of Abilene</b>			3. Owner of well: <b>Abilene Pump Co.</b> R.R. or street: <b>Abilene, Kansas 67410</b> City, state, zip code:		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>69</u> ft. <u>11/18/78</u>	
		<p style="text-align: center;"><b>X WELL</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"><b>BASEMENT</b></div>		7. <input checked="" 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	
5. Type and color of material		From	To	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	
Top soil		0	8	9. Casing: Material <u>plst</u> Height: Above or <del>below</del> _____ Threaded _____ Welded <u>gl</u> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>69</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>0.258</u>	
Yellow clay		8	35	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>30'</u> Set between <u>39</u> ft. and <u>69</u> ft. _____ ft. and _____ ft. Gravel pack <input checked="" type="checkbox"/> Size range of material <u>1/16 to 3/8</u>	
Limestone rock		35	40	11. Static water level: _____ mo./day/yr. <u>50</u> ft. below land surface Date <u>11/18/78</u>	
Yellow clay		40	56	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>12</u> g.p.m.	
Limestone rock		56	61	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" 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. _____ 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:		19. Remarks:			
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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. <b>Rader Drilling Co. 194</b> Business name _____ License No. _____ Address <u>Carlton, Kansas 67429</u> Signed <u>Boast &amp; Rader</u> Date <u>4-18-79</u> Authorized representative			

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

Form WWC-5

T 13  
 R 1  
 W EW  
 Sec 12  
 SUSE NW