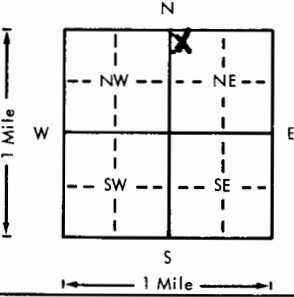


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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<br><b>Dickinson</b> | Fraction<br><b>NW/4 NW 1/4 NE 1/4</b>  | Section number<br><b>12</b> | Township number<br>T <b>13</b> S R   | Range number<br><b>1</b> <span style="float:right;">EW</span> |
| 2. Distance and direction from nearest town or city: <b>3 miles west of Abilene</b>  |                            | 3. Owner of well: <b>Wilfred Witte</b><br>R.R. or street: <b>R.R. # 1</b><br>City, state, zip code: <b>Abilene, Kansas 67410</b> |                             |  |   |
| 4. Locate with "X" in section below:<br>  |                            | Sketch map:  |                             | 6. Bore hole dia. <b>8</b> in. Completion date _____<br>Well depth <b>65</b> ft. <b>6/27/79</b>  |   |
| 5. Type and color of material  |                            | From   |                             | To   |   |
|  |                            | Sand   |                             | 0 11   |   |
|  |                            | Sandy clay   |                             | 11 20  |   |
|  |                            | Buff clay  |                             | 20 45  |   |
|  |                            | Buff rock  |                             | 45 65  |   |
| Blue shale   |                            | 65   |                             |  |   |
|  |                            |  |                             | 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary   |   |
|  |                            |  |                             | 8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other   |   |
|  |                            |  |                             | 9. Casing: Material <b>plst</b> Height: Above or below <b>***</b><br>Threaded _____ Welded <b>gl</b> Surface <b>18</b> in.<br>RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft.<br>Dia. <b>5</b> in. to <b>65</b> ft. depth Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth gage No. <b>0.258</b>   |   |
|  |                            |  |                             | 10. Screen: Manufacturer's name _____<br><b>Western Plastics</b><br>Type <b>RMP</b> Dia. <b>5"</b><br>Slot/gauze <b>3/32</b> Length <b>30</b><br>Set between <b>35</b> ft. and <b>65</b> ft.<br>Gravel pack? <b>Yes</b> size range of material <b>1/16 to 3/8</b>  |   |
|  |                            |  |                             | 11. Static water level:<br><b>40</b> ft. below land surface Date <b>6/27/79</b> mo./day/yr.  |   |
|  |                            |  |                             | 12. Pumping level below land surfaces:<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <b>14</b> g.p.m.   |   |
|  |                            |  |                             | 13. Water sample submitted: _____ mo./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____  |   |
|  |                            |  |                             | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <b>12"</b> Inches above grade  |   |
|  |                            |  |                             | 15. Well grouted? <b>Yes</b><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>14</b> ft.  |   |
|  |                            |  |                             | 16. Nearest source of possible contamination:<br>ft. <b>55</b> Direction <b>north</b> Type <b>sewer</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |   |
|  |                            |  |                             | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |   |
|  |                            | (Use a second sheet if needed)   |                             |  |   |
| 18. Elevation:<br><br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley |                            | 19. Remarks:   |                             | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Rader Drilling Co. 194</b><br>Business name _____ license No. _____<br>Address <b>Carlton, Kansas 67429</b><br>Signed <b>Grant Rader</b> Date <b>10-29-79</b><br>Authorized representative   |   |

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

Form WWC-5