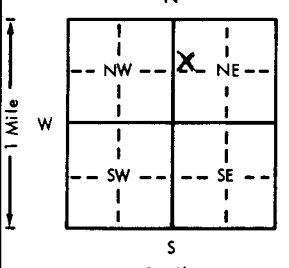


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Dickinson	Fraction SW 1/4 NW 1/4 NE 1/4	Section number 13	Township number T 13 S R 1	Range number 1	(EW)					
2. Distance and direction from nearest town or city: Street address of well location if in city: 3 miles west of Abilene			3. Owner of well: Bob Wilson R.R. or street: 200 Grand Blvd. City, state, zip code: Abilene, Kansas								
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 			6. Bore hole dia. 8 in. Completion date 10/10/78 Well depth 62 ft.					
5. Type and color of material			7. <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			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other					
			9. Casing: Material plst Height: Above or below *** Threaded <input type="checkbox"/> Welded gl Surface 18 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 62 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 0.258			10. Screen: Manufacturer's name Western Plastics Type PVC Dia. 5" Slot/gauze 3/32 Length 20 Set between 42 ft. and 62 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material 1/16 to 3/8					
			From To			11. Static water level: <input type="checkbox"/> mo./day/yr. 30 ft. below land surface Date <input type="checkbox"/>			12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 10 g.p.m.		
			Sand			0 10			13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
			Buff clay			10 24			14. Well head completion: <input type="checkbox"/> Pitless adapter 18 Inches above grade		
Limestone rock			24 30			15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.					
Clay			30 57			16. Nearest source of possible contamination: ft 3/8 mile Direction NE SE Type Sewer Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Rock			57 62			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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)						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. Rader Drilling Co. 194 Business name License No. Address Carlton, Kansas 67429 Signed Rader Date 4-18-79 Authorized representative					
18. Elevation:		19. Remarks:									
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley											

13-1-13-5
T
R
W
E
S
E
S
E
C
1/4 1/4 1/4 1/4

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

Form WWC-5