

USE TYPEWRITER OR BALL
POINT PEN—PRESS FIRMLY,
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WATER WELL RECORD
KSA 820-1201-1215

Kansas Department of Health and
Environment—Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:		County Dickinson	Fraction SE 1/4 NE 1/4 NE 1/4	Section number 14	Township number T 13 S R 1	Range number 1	(E/W)	
2. Distance and direction from nearest town or city: Street address of well location if in city:			4 miles west of Abilene		3. Owner of well: R.R. or street: City, state, zip code:			Dr. Frank Jordan, Sr. R.R. # 4 Abilene, Kansas 67410
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map:				
				6. Bore hole dia. <u>8</u> in. Completion date <u>6-9-76</u> Well depth <u>43</u> ft.		7. 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 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		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 type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>43</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>0.258</u>		
5. Type and color of material				From	To			
Fine sand				0	27	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>15'</u> Set between <u>28</u> ft. and <u>43</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/16 to 3/8</u>		
Rock				27	30	11. Static water level: _____ mo./day/yr. <u>12</u> ft. below land surface Date <u>6/9/76</u>		
Blue clay				30	40	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
Hard blue shale				40	43	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. <u>400</u> Direction <u>south</u> Type <u>corral</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:		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 <u>Carlton, Kansas 67429</u> Signed <u>Brent E. Rader</u> Date <u>8-19-77</u> Authorized representative				

T 13 S R 1
 E/W
 Sec 14
 SENEWE

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

Form WWC-5