

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>NE 1/4 NE 1/4 SW 1/4</b>	Section number <b>14</b>	Township number <b>T 13 S R 1</b>	Range number <b>EW</b>
2. Distance and direction from nearest town or city: <b>4 miles west of Abilene</b>			3. Owner of well: <b>Roy Clemence</b> R.R. or street: <b>R.R. # 4</b> City, state, zip code: <b>Abilene, Kansas</b>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>68</b> ft. <b>9/12/77</b>	
					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		
Sand and clay		0	65	9. Casing: Material <b>plstc</b> Height: Above or below _____ Threaded _____ Welded <b>gl</b> Surface <b>18</b> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>68</b> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <b>0.258</b>		
Rock		65	66	10. Screen: Manufacturer's name _____ <b>Western Plastics</b> Type <b>RMP</b> Dia. <b>5"</b> Slot/gauze <b>3/32</b> Length <b>10'</b> Set between <b>58</b> ft. and <b>68</b> ft. _____ ft. and _____ ft. Gravel pack? <b>yes</b> Size range of material <b>1/16 to 3/8</b>		
Blue shale		66	68	11. <input checked="" type="checkbox"/> Static water level: _____ mo./day/yr. <b>40</b> ft. below land surface Date <b>9/12/77</b>		
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>20</b> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>18</b> Inches above grade		
				15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <b>1000</b> Direction <b>West</b> Type <b>Sewer</b> 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. <b>Rader Drilling Co. 194</b> Business name _____ License No. _____ Address <b>Carlton, Kansas</b> Signed <b>Brent E. Rader</b> Date <b>10-26</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 13 S R 1 E  
Sec 14 NE NW SW  
1/4 1/4 1/4

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

Form WWC-5