

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 SE 1/4 NE 1/4 NE 1/4	Section number 15	Township number T 13 S R 1	Range number 1 (EW)
2. Distance and direction from nearest town or city: 5 miles west of Abilene			3. Owner of well: Gordon Davis R.R. or street: 205 S. Bridge City, state, zip code: Enterprise, Kansas 67441		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>74</u> ft. <u>6-24-77</u>	
		<p style="text-align: center;">Well was drilled in a pasture</p> <p style="font-size: 2em; opacity: 0.5; transform: rotate(-15deg); position: absolute; left: 20px; top: 20px;">A.A.D.</p>		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	
5. Type and color of material			From	To	9. Casing: Material <u>plst</u> Height: Above or Below <u>***</u> 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>74</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>0.258</u>
					10. Screen: Manufacturer's name _____ Western Plastics Type <u>RMP</u> Dia. <u>7" 5"</u> Slot/gauze <u>3/32</u> Length <u>3'</u> Set between <u>71</u> ft. and <u>74</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> size range of material <u>1/16 to 3/8</u>
Fine sand and clay			0	55	11. Static water level: _____ mo./day/yr. <u>41</u> ft. below land surface Date <u>6/24/77</u>
Fine sand			55	58	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>18+</u> g.p.m.
Clay			58	66	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Clay and sand			66	72	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> inches above grade
Sand and small gravel			72	74	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:		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. <u>194</u> Business name License No. Address Carlton, Kansas <u>67429</u> Signed Bruce E. Rader Date <u>8-15-77</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5

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