

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>NW 1/4 NW 1/4 SW 1/4</b>	Section number <b>16</b>	Township number <b>T 13 S</b>	Range number <b>R 1 E</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:		<b>1 1/2 miles east of Solomon</b>		3. Owner of well: R.R. or street: City, state, zip code:	
X Locate with "X" in section below: 		Sketch map:		6. Bore hole dia. <b>8</b> in. Completion dgte _____ Well depth <b>85</b> ft. <b>4/26/78</b>	
				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 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 <b>Plst</b> Height: Above <del>grade</del> 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>85</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>0.258</b>	
5. Type and color of material		From	To	10. Screen: Manufacturer's name <b>Western Plastics</b>	
<b>Fine sand</b>		<b>0</b>	<b>65</b>	Type <b>RMP</b> Dia. <b>5"</b> Slot/gauze <b>3/32</b> Length <b>10'</b> Set between <b>75</b> ft. and <b>85</b> ft. _____ ft. and _____ ft.	
<b>Green clay</b>		<b>65</b>	<b>70</b>	Gravel pack? <b>Yes</b> Size range of material <b>1/16 to 3/8</b>	
<b>Rock</b>		<b>70</b>	<b>74</b>	11. Static water level: _____ mo./day/yr. <b>20</b> ft. below land surface Date <b>4/26/78</b>	
<b>Small gravel</b>		<b>74</b>	<b>78</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.	
<b>Brown clay</b>		<b>78</b>	<b>83</b>	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
<b>Blue mud</b>		<b>83</b>	<b>85</b>	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>300'</b> Direction <b>south</b> Type <b>septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				X 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 67429</b> Signed <b>Frank E. Rader</b> Date <b>4-22-78</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5

13-10  
 Sec 16  
 NW 1/4 SW 1/4