

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<br><b>Dickinson</b> | Fraction<br><b>NW 1/4 NE 1/4 SW 1/4</b> | Section number<br><b>22</b>  | Township number<br><b>T 13 S</b>   | Range number<br><b>R 1 E</b> |
| 2. Distance and direction from nearest town or city: <b>3 miles east of Solomon</b> |                            |   | 3. Owner of well: <b>James Burnett</b><br>R.R. or street: <b>R.R. # 4</b><br>City, state, zip code: <b>Abilene, Kansas</b> |  |                              |
| 4. Locate with "X" in section below:  |                            | Sketch map:                             |  | 6. Bore hole dia. <u>8</u> in. Completion date <u>9/28/77</u><br>Well depth <u>38</u> ft.  |                              |
|   |                            |   |  | 7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><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<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other   |                              |
| Sand  |                            | 0                                       | 30   | 9. Casing: Material <u>plst</u> Height: Above <del>o</del><br>Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>18</u> in.<br>RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft.<br>Dia. <u>5</u> in. to <u>38</u> ft. depth Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth gage No. <u>0.258</u>  |                              |
| Rock  |                            | 30                                      | 34   | 10. Screen: Manufacturer's name<br><b>Western Plastics</b><br>Type <u>RMP</u> Dia. <u>5"</u><br>Slot/gouze <u>3/32</u> Length <u>10'</u><br>Set between <u>28</u> ft. and <u>38</u> ft.<br>_____ ft. and _____ ft.   |                              |
| Blue shale  |                            | 34                                      | 38   | Gravel pack? <u>Yes</u> Size range of material <u>1/16 to 3/8</u>  |                              |
|   |                            |   |  | 11. Static water level: _____ mo./day/yr.<br><u>10'</u> ft. below land surface Date <u>9/28/77</u>   |                              |
|   |                            |   |  | 12. Pumping level below land surfaces:<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <u>30+</u> g.p.m.  |                              |
|   |                            |   |  | 13. Water sample submitted: _____ mo./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____  |                              |
|   |                            |   |  | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <u>18</u> inches above grade   |                              |
|   |                            |   |  | 15. Well grouted? <u>Yes</u><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <u>0</u> ft. to <u>10</u> ft.  |                              |
|   |                            |   |  | 16. Nearest source of possible contamination:<br>ft. _____ Direction _____ Type <u>none</u><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                              |
|   |                            |   |  | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                              |
| 18. Elevation:  |                            | (Use a second sheet if needed)          |  | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Rader Drilling Co. 194</b><br>Business name _____ License No. _____<br>Address <u>Carlton, Kansas 67429</u><br>Signed <u>Brent E Rader</u> Date <u>1-9-78</u><br>Authorized representative   |                              |
| 19. Remarks:  |                            |   |  | <div style="display: flex; justify-content: space-between;"> <span>Topography:<br/><input type="checkbox"/> Hill<br/><input type="checkbox"/> Slope<br/><input type="checkbox"/> Upland<br/><input type="checkbox"/> Valley</span> </div>  |                              |

T 13 S  
 R 1 E  
 Sec 22  
 1/4 1/4 1/4

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

Farm WWC-5