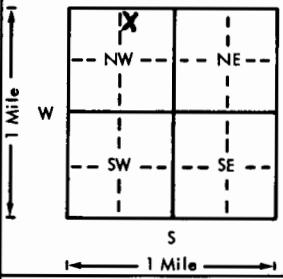


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 NW 1/4 NE 1/4 NW 1/4	Section number 23	Township number T 13 S R 1	Range number 1	EW		
2. Distance and direction from nearest town or city: Street address of well location if in city:	3 miles west of Abilene		3. Owner of well: R.R. or street: City, state, zip code:					
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		6. Bore hole dia. <u>20</u> in. Completion date _____ Well depth <u>113</u> ft. <u>9/22/77</u>			
5. Type and color of material			From	To	7. Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary			
			Sand		0	30	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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	
			Sandy clay		30	68	9. Casing: Material <u>steel</u> Height: Above or below *** Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC _____ Weight _____ lbs./ft.	
			Brown clay		68	85	Dia. <u>10</u> in. to <u>96</u> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth gage No. <u>1/4"</u>	
			Gray clay		85	91	<input checked="" type="checkbox"/> Screen: Manufacturer's name _____ Type <u>Steel</u> Dia. <u>10"</u> Slot/gauze <u>10 ga.</u> Length <u>3'</u> Set between <u>92</u> ft. and <u>95</u> ft. _____ ft. and _____ ft.	
			Gravel		91	95	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 to 3/8</u>	
			Blue mud		95	96	11. Static water level: _____ mo./day/yr. <u>70</u> ft. below land surface Date <u>9/22/77</u>	
			Rock		96	113	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>200±</u> g.p.m.	
							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>12</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>2,000</u> Direction <u>south</u> Type <u>feed lot</u> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
				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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: Well cased to rock with 10" steel casing 1/4" wall			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. Business name _____ License No. _____ Address <u>Carlton, Kansas</u> Signed <u>Bruce E. Rader</u> Date <u>11-26-77</u> Authorized representative				

T 13 R 1 S 23 NW 1/4

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

Form WWC-5