

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 NW 1/4 NW 1/4	Section number 24	Township number T 13 S R 1	Range number 1 EW												
X Distance and direction from nearest town or city: Street address of well location if in city:		2 1/2 miles west of Abilene		3. Owner of well: Dean Sims R.R. or street: R.R. # 4 City, state, zip code: Abilene, Kansas													
4. Locate with "X" in section below: 			6. Bore hole dia. 8 in. Completion date _____ Well depth 65 ft. 10/4/77														
5. Type and color of material			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														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Sand and clay</td> <td>0</td> <td>60</td> </tr> <tr> <td>Sand</td> <td>60</td> <td>62</td> </tr> <tr> <td>Rock</td> <td>62</td> <td>65</td> </tr> </tbody> </table>			Type and color of material	From	To	Sand and clay	0	60	Sand	60	62	Rock	62	65	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		
Type and color of material	From	To															
Sand and clay	0	60															
Sand	60	62															
Rock	62	65															
(Use a second sheet if needed)			X Casing: Material plst Weight: Above or below _____ Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 65 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. 0.258														
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			10. Screen: Manufacturer's name Western Plastics Type RMP Dia. 5" Slot/gauze 3/32 Length 8' Set between 57 ft. and 65 ft. _____ ft. and _____ ft. Gravel pack? Yes Size range of material 1/16 to 3/8														
19. Remarks:			11. Static water level: _____ mo./day/yr. 42 ft. below land surface Date 10/4/77														
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 15* 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 18 inches above grade														
			15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.														
			16. Nearest source of possible contamination: ft. 150' Direction NW Type septic 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														
			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. 194 Business name License No. _____ Address Carlton, Kansas 67429 Signed Bob Rader Date 10/4/77 Authorized representative														

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

Form WWC-5

T 13
 R 1
 W 1
 Sec 24
 SE 1/4 NW 1/4