

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>NE 1/4 NE 1/4 NE 1/4</b>	Section number <b>24</b>	Township number <b>T 13 S</b>	Range number <b>R 1 E</b>
2. Distance and direction from nearest town or city: <b>1 mile west of Abilene</b> Street address of well location if in city:				3. Owner of well: <b>Clarence Brown</b> R.R. or street: <b>R.R. 4</b> City, state, zip code: <b>Abilene, Kansas 67410</b>		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile				Sketch map: N WELL HOUSE ROAD 150'		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile				6. Bore hole dia. <b>8</b> in. Completion date <b>1-22-76</b> Well depth <b>65</b> ft.		
				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 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		
				9. Casing: Material <b>Plst</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>65</b> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth gage No. <b>0.214</b>		
5. Type and color of material				From	To	10. Screen: Manufacturer's name <b>Western Plastics</b>
Sand and clay				0	38	Type <b>PVC</b> Dia. <b>5"</b>
Red clay and shale				38	48	Slot/gauze <b>3/32</b> Length <b>20'</b>
Limestone				48	65	Set between <b>45</b> ft. and <b>65</b> ft. _____ ft. and _____ ft.
						Gravel pack? <b>yes</b> Size range of material <b>1/4 to 1/8</b>
						11. Static water level: _____ mo./day/yr. <b>25</b> ft. below land surface Date <b>1-22-76</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>14+</b> 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 <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. Direction _____ Type <b>well</b> Well disinfected upon completion? <input 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. <b>Rader Drilling Co.</b> <b>194</b> Business name License No. Address <b>Carlton, Kans. 67429</b> Signed <b>Grant E. Rader</b> Date <b>2-19-76</b> Authorized representative
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		(Use a second sheet if needed)				

13  
1-19  
W  
94  
NE NE NE  
1/4 1/4 1/4

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

Form WWC-5