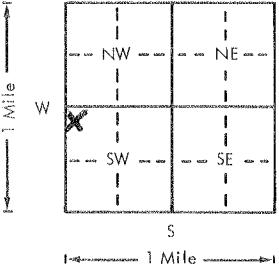


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <u>Dickinson</u>	Fraction <u>NW 1/4 NW 1/4 SW 1/4</u>	Section number <u>6</u>	Township number <u>T 13 S</u>	Range number <u>R 2</u>	<u>EA</u>
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>3 miles northwest of Abilene</u>			3. Owner of well: <u>Precision Engineering</u> R.R. or street: <u>RR 4</u> City, state, zip code: <u>ABILENE, KANS. 67410</u>			
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 			
5. Type and color of material			From	To	6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>60</u> ft. <u>10/4/78</u>	
<u>Buff clay</u>			<u>0</u>	<u>8</u>	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	
<u>Buff clay and rock</u>			<u>8</u>	<u>45</u>	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	
<u>Lost circulation</u>			<u>45</u>	<u>60</u>	9. Casing: Material <u>plst</u> Height: Above or below? _____ Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth gauge No. <u>0.258</u>	
					10. Screen: Manufacturer's name <u>Western Plastics</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>3/32</u> Length <u>30'</u> Set between <u>30</u> ft. and <u>60</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>1/16 to 3/8</u>	
					11. Static water level: _____ mo./day/yr. <u>30</u> ft. below land surface Date _____	
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</u> 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 <u>18</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>15</u> ft.	
					16. Nearest source of possible contamination: ft. <u>500'</u> Direction <u>east</u> Type <u>sewer</u> 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	
			(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. <u>Rader Drilling Co.</u> <u>1974</u> Business name _____ License No. _____ Address <u>Carlton, Kansas 67429</u> Signed <u>Bruce E. Rader</u> Date <u>4-18-79</u> 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