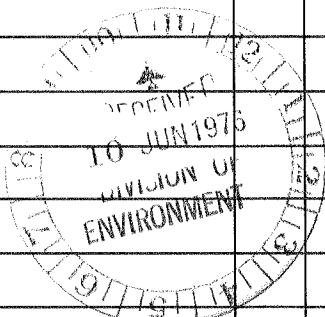


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>NW 1/4 SE 1/4 SW 1/4</b>	Section number <b>9</b>	Township number <b>T 13 S R 2</b>	Range number <b>EW</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>Beekman Place Abilene, Kans. 67410</b>			3. Owner of well: <b>William Preim</b> R.R. or street: <b>1709 N. Buckeye</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: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>8</u> in. Completion date <u>2/27/76</u> Well depth <u>68</u> ft.
Fill Dirt			0	5	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
Clay			5	15	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
Red clay			15	40	9. Casing: Material <u>plst</u> Height: Above or <u>below</u> Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>68</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>0.258</u>
Lime rock			40	58	10. Screen: Manufacturer's name <u>Western Plastics</u> Type <u>PVC</u> Dia. <u>5 1/2</u> in. Slot/gauze <u>3/32</u> Length <u>26</u> Set between <u>42</u> ft. and <u>68</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>1/16 to 3/8</u>
Gray shale			58	68	11. Static water level: <u>32</u> ft. below land surface Date <u>2/27/76</u> mo./day/yr.
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>15+</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>10</u> ft.
					16. Nearest source of possible contamination: ft. <u>150</u> Direction <u>south</u> Type <u>sewer</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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. 194</b> Business name _____ License No. _____ Address <b>Carlton, Kansas 67429</b> Signed <b>Brant E Rader</b> Date <b>6-7-76</b> Authorized representative
18. Elevation:	19. Remarks: <b>Concrete slab to be installed by customer at surface of ground.</b>				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					



13 2-9-76 NW SE SW 1/4 1/4 1/4

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

Form WWC-5