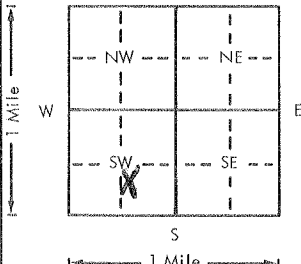


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>2</b>	<b>EW</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>Beekman Place Abilene, Kansas 67410</b>			3. Owner of well: R.R. or street: <b>Tom Mullia Beekman Place Abilene, Kansas 67410</b>				
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <b>5</b> in. Completion date _____ Well depth <b>58</b> ft. <b>3/30/79</b>		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		
5. Type and color of material			8. Use: <input 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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		9. Casing: Material <b>plst</b> Height: Above or <del>below</del> Threaded <input type="checkbox"/> Welded <b>gl</b> Surface <b>18</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>58</b> ft. depth Wall thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>0.258</b>		
			10. Screen: Manufacturer's name <b>Western Plastics</b>		11. Static water level: <b>15</b> ft. below land surface Date <b>3/30/79</b> mo./day/yr.		
Top soil			From <b>0</b> To <b>5</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>16</b> g.p.m.		
Brown clay			From <b>5</b> To <b>15</b>		13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Red clay			From <b>15</b> To <b>40</b>		14. Well head completion: <input type="checkbox"/> Pitless adapter <b>18</b> inches above grade		
Lime rock			From <b>40</b> To <b>55</b>		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.		
Gray shale			From <b>55</b> To <b>58</b>		16. Nearest source of possible contamination: <b>sewer line</b> ft. <b>70</b> Direction <b>south</b> Type _____ Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No <input 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		
					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>Brent E. Rader</b> Date <b>8-21</b> Authorized representative		
18. Elevation:		19. Remarks:					
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