

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 NE 1/4 NW 1/4	Section number 19	Township number T 13 S R 2	Range number 2	(E)W
2. Distance and direction from nearest town or city: Street address of well location if in city: 106 Westwood Drive Abilene, Kansas 67410				3. Owner of well: Larry Ryan R.R. or street: 106 Westwood Drive City, state, zip code: Abilene, Kansas 67410			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>83</u> ft. <u>4/12/76</u>			
				7. <input checked="" type="checkbox"/> Cable tool <input 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			
5. Type and color of material		From	To	9. Casing: Material <u>plst</u> Height: Above or below Threaded _____ Welded <u>gl</u> Surface <u>18</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>83</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>0.258</u>			
Sand		0	9	10. Screen: Manufacturer's name Western Plastics Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>3/32</u> Length <u>40'</u> Set between <u>43</u> ft. and <u>83</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material: <u>1/16 to 3/8</u>			
Limestone, yellow clay		9	27	11. Static water level: _____ mo./day/yr. <u>40</u> ft. below land surface Date <u>4/12/76</u>			
Red clay		27	45	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.			
Soft red clay		45	50	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____			
Hard shale, gray		56	70	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> inches above grade			
Blue shale		70	83	15. Well grouted? <input checked="" type="checkbox"/> Yes 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. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No			
				17. Pump: <u>Reda</u> Not installed Manufacturer's name <u>Reda</u> Model number <u>7D18P071</u> HP <u>3/4</u> Volts <u>220</u> Length of drop pipe <u>77</u> ft. capacity <u>15</u> g.p.m. Type: <input checked="" 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>194</u> Business name License No. Address <u>Carlton, Kansas 67429</u> Signed <u>Brant E Rader</u> Date <u>5-12-76</u> Authorized representative			
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

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19
Sec
1/4
1/4
1/4
SE NE NW

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

Form WWC-5