

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: 109 Westwood Drive Abilene, Kansas | | | 3. Owner of well: Norman Burwell R.R. or street: 109 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>79</u> ft. <u>3/15/76</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 | | |
| 5. Type and color of material | | From | To | 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 | | |
| Sand | | 0 | 6 | 9. Casing: Material <u>Dist</u> Height: Above or <u>Below</u> 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>79</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>0.258</u> | | |
| Rock | | 6 | 12 | 10. Screen: Manufacturer's name <u>Western Plastics</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>3/32</u> Length <u>40"</u> Set between <u>39</u> ft. and <u>79</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/16 to 3/8</u> | | |
| Hard gray shale | | 12 | 29 | 11. Static water level: <u>42</u> ft. below land surface Date <u>3/15/76</u> mo./day/yr. | | |
| Red clay | | 29 | 42 | 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ <u>10</u> g.p.m. | | |
| Yellow clay | | 42 | 49 | 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____ | | |
| Limestone rock | | 49 | 64 | 14. Well head completion: _____ <u>18</u> inches above grade <input type="checkbox"/> Pitless adapter | | |
| Yellow clay | | 64 | 68 | 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. | | |
| Gray and blue shale | | 68 | 79 | 16. Nearest source of possible contamination: <u>septic tank</u> ft. <u>60</u> Direction <u>south</u> 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 | | |
| | | | | (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>Brad E Rader</u> Date <u>5-11-76</u> Authorized representative | | |
| Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | 13 2 W 19 Sec 1/4 1/4 1/4 SENE NW | | |

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

Form WWC-5