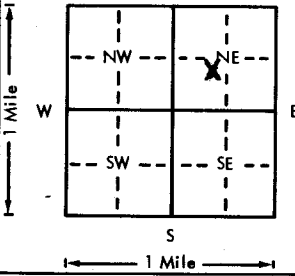


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 NE 1/4 SW 1/4 NE 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:		1 mile west of Abilene		3. Owner of well: R.R. or street: City, state, zip code:																																																																		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>58</u> ft. <u>9/27/77</u>																																																																		
		<table border="1"> <tr> <th>5. Type and color of material</th> <th>From</th> <th>To</th> </tr> <tr> <td>Sand</td> <td>0</td> <td>15</td> </tr> <tr> <td>Brown clay</td> <td>15</td> <td>47</td> </tr> <tr> <td>Gravel</td> <td>47</td> <td>54</td> </tr> <tr> <td>Blue mud</td> <td>54</td> <td>55</td> </tr> <tr> <td>Rock</td> <td>55</td> <td>58</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>		5. Type and color of material	From	To	Sand	0	15	Brown clay	15	47	Gravel	47	54	Blue mud	54	55	Rock	55	58																																														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			
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						9. Casing: Material <u>plst</u> Height: Above or below _____ Threaded _____ 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>58</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>0.258</u>																																																																
						10. Screen: Manufacturer's name Western Plastics Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>3/32</u> Length <u>12'</u> Set between <u>46</u> ft. and <u>58</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>25</u> ft. below land surface Date <u>9/27/77</u>																																																																
						12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20+</u> _____ g.p.m.																																																																
						13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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: _____ city ft. <u>500</u> Direction <u>north</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																																																																
18. Elevation:		19. Remarks: <u>Open field</u>		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. Rader Drilling Co. 194 Business name License No. Address <u>Carlton, Kansas</u> Signed <u>Bruce E Rader</u> Date <u>10-26-77</u> Authorized representative																																																																		

13-20-19 NE SWNE
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1/4 1/4

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

Form WWC-5