

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 NW 1/4</b>	Section number <b>21</b>	Township number <b>T 13</b>	Range number <b>S R 2</b>	<b>(EW)</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:		<b>Vaughn Leckron</b> <b>409 S. Cedar</b> <b>Abilene, Kansas</b>		
4. Locate with "X" in section below:				Sketch map:			
5. Type and color of material				From	To	6. Bore hole dia. <b>8</b> in. Completion date <b>8/19/77</b> Well depth <b>60</b> ft.	
Clay				0	20	7. 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	
Silty brown clay				20	30	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	
Rocky & shaley & gray and blue clay				30	54	9. Casing: Material <b>plst</b> Height: Above of <b>***</b> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>60</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>0.258</b>	
Sand				54	55	10. Screen: Manufacturer's name <b>Western Plastics</b> Type <b>RMP</b> Dia. <b>5"</b> Slot/gauze <b>3/32</b> Length <b>10'</b> Set between <b>50</b> ft. and <b>60</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/16 to 3/8</b>	
Hard bed rock				55	60	<input checked="" type="checkbox"/> Static water level: _____ mo./day/yr. <b>20'</b> ft. below land surface Date <b>8/19/77</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>20+</b> 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 <b>18</b> Inches above grade	
						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>16</b> ft.	
						16. Nearest source of possible contamination: <b>city</b> ft. <b>100</b> Direction <b>East</b> Type <b>sewer</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						17. Pump: _____ Not installed Manufacturer's name <b>Dempster</b> Model number _____ HP <b>1/2</b> Volts _____ Length of drop pipe <b>50</b> ft. capacity <b>13</b> 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:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		<b>WELL LOCATED IN CENTER OF PROPERTY</b>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Rader Drilling Co.</b> 194 Business name License No. _____ Address <b>Carlton, Kansas 67429</b> Signed <b>Brant E. Rader</b> Date <b>10-26-77</b> Authorized representative			

T 13 R 20 W  
 Sec 21  
 NW 1/4 SE 1/4

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

Form WWC-5