

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 SE 1/4 SE 1/4	Section number 5	Township number T 13 S R 3	Range number 3	EW	
2. Distance and direction from nearest town or city: Street address of well location if in city:		1 mile north of Detroit		3. Owner of well: R.R. or street: City, state, zip code:			Ronald Hamme R.R. #5 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>63</u> ft. <u>7-29-76</u>			
				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			
5. Type and color of material		From		To		8. Use: <input checked="" 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 type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Clay		0		7		9. Casing: Material <u>plst</u> Height: Above or Below Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>63</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>0.259</u>	
Fine sand		7		15		10. Screen: Manufacturer's name <u>Western Plastics</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>3/32</u> Length <u>18'</u> Set between <u>45</u> ft. and <u>63</u> ft. _____ ft. and _____ ft.	
White clay		15		33		Gravel pack? <u>Yes</u> Size range of material <u>1/16 to 3/8</u>	
Gray clay		33		43		11. Static water level: _____ mo./day/yr. <u>30</u> ft. below land surface Date <u>7-29-76</u>	
Sand		43		46		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.	
Flint rock		46		51		13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
Buff clay		51		56		14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> inches above grade	
Lime rock		56		57		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.	
Buff clay		57		62		16. Nearest source of possible contamination: ft. <u>500</u> Direction <u>SE</u> Type <u>septic tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Blue clay		62		63		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)						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>Pratt E Rader</u> Date <u>8-28-76</u> Authorized representative	
18. Elevation:	19. Remarks: Well is 300' N.W. up slope from house						
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						T 13 R 3 W 5 Sec 5 1/4 NE SE SE 1/4 1/4 1/4 1/4	

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

Form WWC-5