

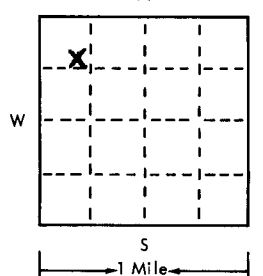
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

Well #1

1 Location of well:	County Dickinson	Township name Newbern	Fraction SE$\frac{1}{4}$, NW$\frac{1}{4}$, NW$\frac{1}{4}$	Section number 4	Town number T - 14-S	Range number R-2-E
Distance and direction from nearest town or city: Street address of well location if in city: 3 miles south of Abilene				3 Owner of well: Address: R. L. Collings R.R. 2 Abilene, Kans 67410		
Locate with "X" in section below: N  W E S 1 Mile			Sketch map: <i>DBD</i>		4 Well depth: <u>85</u> ft. Date of completion <u>3/28/75</u> Well diameter <u>7</u> in.	
2 Type and color of material			From	To	5 <input 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	
Yellow clay and rock			0	62	6 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"/> Commercial <input type="checkbox"/> Test well	
Gray and red clay and shale			62	85	7 Casing: Material <u>PVC</u> Height: above/below <u>****</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. Diam. Weight <u>200</u> lbs./ft. <u>5</u> in. to <u>85</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u> </u> in. to <u> </u> ft. depth!	
					8 Screen: Feild perforated Manufacturer <u> </u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>12ga</u> Length <u>20'</u> Set between <u>65</u> ft. and <u>85</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/8 to 3/8</u>	
					9 Static water level: <u>45</u> ft. below land surface Date <u>3/28/75</u>	
					10 Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>5</u> g.p.m.	
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
					12 Well head completion: capped <input type="checkbox"/> Pitless adapter <u>18</u> inches above grade	
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> <u> </u> Depth: From <u>0</u> ft. to <u>10</u> ft.	
					14 Nearest source of possible contamination: none ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> g.m.p. 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	
16 Remarks: elevation			17 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 <u>Carlton, Kans. 67429</u> License No. <u> </u> Address <u> </u> Signed <u>Brant E Rader</u> Date <u>5-4-75</u> Authorized representative			
			(use a second sheet if needed)			

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5