

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 NW 1/4 NW 1/4 NE 1/4	Section number 28	Township number T 15 S R 2	Range number EW
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:			
4. Locote with "X" in section below: N W E S 1 Mile		Sketch map: <i>ABB</i> <i>HOUSE</i> <i>TOILET</i> <i>WELL</i> <i>200'</i>		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>54</u> ft. <u>2/18/77</u>	
5. Type and color of material		From		To	
		Top soil		0 2	
		Yellow clay and shale		2 37	
		Blue clay and shale		37 43	
Gypsum rock		43 54			
				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	
		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"/> Low <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		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>54</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>0.258</u>	
		10. Screen: Manufacturer's name <u>Western Plastics</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gouze <u>3/32</u> Length <u>23</u> Set between <u>31</u> ft. and <u>54</u> ft. _____ ft. and _____ ft.		11. Static water level: _____ mo./day/yr. <u>31</u> ft. below land surface Date <u>2/18/77</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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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>1</u> ft. to <u>10</u> ft.	
		16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>N.E.</u> Type <u>toilet</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: <i>(Use a second sheet if needed)</i>		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</u> <u>67429</u> Signed <u>Brad P. Rader</u> Date <u>4-8-77</u> Authorized representative	

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

Form WWC-5

15
20
28
1/4
1/4
1/4