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

WATER WELL RECORD
KSA 82a-1201-1215

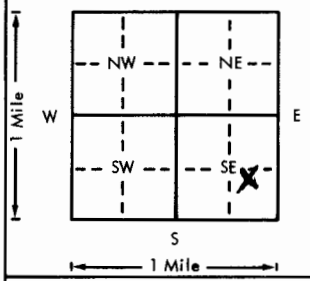
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	PRATT	NW 1/4 SE 1/4 SE 1/4	5	T 26 S	R 11 W E (W)

2. Distance and direction from nearest town or city: 3N 1E OF PRESTON, KS
Street address of well location if in city:

3. Owner of well: KENNETH FROMILLER
R.R. or street:
City, state, zip code: PRESTON, KS

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 10 in. Completion date
Well depth 80 ft. 26 APR 77

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning X Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material ____ Height: (Above) or below
Threaded ____ Welded ____ Surface 12 in.
RMP X PVC ____ Weight ____ lbs./ft.
Dia. 5 in. to 60 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. .257

5. Type and color of material	From	To
SOIL	0	2
SAND, FINE & TAN CLAY	2	21
SAND, FINE TO MED [redacted]	21	45
SAND, FINE TO COARSE & MED GRAVEL	45	70
CLAY, YELLOW	70	72
SAND, FINE TO COARSE & MED TO COARSE GRAVEL	72	90

(Use a second sheet if needed)

10. Screen: Manufacturer's name J&L
Type RMP Dia. 5"
Slot/gauze 18 Length 20'
Set between 60 ft. and 80 ft.
ft. and ft.
Gravel pack? Yes Size range of material 1/8 - 1/2

11. Static water level: mo./day/yr.
33 ft. below land surface Date 26 APR 77

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 75 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? Yes
With: X Neat cement ____ Bentonite ____ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. ____ Direction ____ Type NONE
Well disinfected upon completion? X Yes ____ No

17. Pump: X Not installed
Manufacturer's name
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
__ Hill
__ Slope
X Upland
__ Valley

19. Remarks:

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.
CENTRAL Well & pump 325
Business name License No.
Address 121 S TAYLOR PRATT
Signed [redacted] Date 26 APR 77
Authorized representative

T 26 R 11 E Sec 5 1/4 NW 1/4 SE 1/4 SE 1/4

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

Form WWC-5

MI-1023