

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 PRATT	Fraction NE 1/4 SE 1/4 SE 1/4	Section number 23	Township number T 26	Range number S R 11 W E/W
2. Distance and direction from nearest town or city: 4E 1/8N OF PRESTON, K's			3. Owner of well: OTTO SWERTFEGGER			
Street address of well location if in city:			R.R. or street:			
			City, state, zip code: PRESTON, KS			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>10</u> in. Completion date _____ Well depth <u>75</u> ft. <u>3 SEPT 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		
SOIL		0	2	9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded _____ Welded <u>GL</u> Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>55</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>258</u>		
CLAY, TAN & GRAY		2	30	10. Screen: Manufacturer's name _____ <u>PVC</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauge <u>1/8</u> Length <u>20'</u> Set between <u>55</u> ft. and <u>75</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/2-1/8</u>		
SAND, FINE TO COARSE		30	39	11. Static water level: _____ mo./day/yr. <u>35'6"</u> ft. below land surface Date <u>3 SEPT 76</u>		
CLAY, TAN & GRAY		39	50	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50-75</u> g.p.m.		
SAND, FINE TO COARSE & MED GRAVEL		50	74	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
CLAY, SANDY GRAY		74	81	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>4</u> ft. to <u>14</u> ft.		
				16. Nearest source of possible contamination: <u>SEPTIC</u> ft. <u>100'</u> Direction <u>EAST</u> Type <u>TANK</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		
				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>CENTRAL WELL & Pump 325</u> Business name _____ License No. _____ Address <u>121 S. TAYLOR PRATT</u> Signed <u>[Signature]</u> Date _____ Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		4'x4'x4" SLAB INSTALLED BELOW PITLESS ADAPTER				

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11
23
NE SE SE
1/4 1/4 1/4

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

Form WWC-5