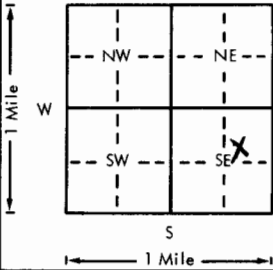


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <b>PRATT</b>  |  | Fraction <b>SW 1/4 NE 1/4 SE 1/4</b> |  | Section number <b>25</b>   |  | Township number <b>T 26 S R 11 W E/W</b>  |  | Range number  |  |  |  |
| 2. Distance and direction from nearest town or city: <b>4.5 2 W</b>   |  |                                      |  | 3. Owner of well: <b>LES BROWN</b>   |  |   |  |   |  |  |  |
| Street address of well location if in city: <b>of Turon, Ks</b>   |  |                                      |  | R.R. or street: _____<br>City, state, zip code: <b>PRESTON Ks</b>                                |  |   |  |   |  |  |  |
| 4. Locate with "X" in section below:<br>N<br>W E<br>S<br>1 Mile   |  |                                      |  | Sketch map:<br> |  | 6. Bore hole dia. <b>30</b> in. Completion date _____<br>Well depth <b>125</b> ft. <b>26 Feb 79</b>   |  | 7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary  |  | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other |  |
| 5. Type and color of material   |  |                                      |  | From   |  | To  |  | 9. Casing: Material <b>STL</b> Height: <b>Above</b> or below<br>Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>12</b> in.<br>RMP _____ PVC _____ Weight _____ lbs./ft.<br>Dia. <b>16</b> in. to <b>65</b> ft. depth Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth Gage No. <b>188</b>  |  |  |  |
| <b>Soil</b>   |  |                                      |  | <b>0</b>   |  | <b>2</b>  |  | 10. Screen: Manufacturer's name <b>WA Brown</b>   |  |  |  |
| <b>Clay, tan &amp; white</b>  |  |                                      |  | <b>2</b>   |  | <b>10</b>   |  | Type _____ Dia. <b>16</b>   |  |  |  |
| <b>Sand, fine to coarse &amp; coarse gravel</b>   |  |                                      |  | <b>10</b>  |  | <b>30</b>   |  | Slot/gauze <b>1/8</b> Length <b>60'</b>   |  |  |  |
| <b>Clay, gray</b>   |  |                                      |  | <b>30</b>  |  | <b>40</b>   |  | Set between <b>65</b> ft. and <b>125</b> ft.  |  |  |  |
| <b>Sand, fine to coarse &amp; coarse gravel</b>   |  |                                      |  | <b>40</b>  |  | <b>58</b>   |  | Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8 X 3/8</b>  |  |  |  |
| <b>Clay, tan</b>  |  |                                      |  | <b>58</b>  |  | <b>62</b>   |  | 11. Static water level: _____ mo./day/yr.<br><b>34</b> ft. below land surface Date <b>26 Feb 79</b>   |  |  |  |
| <b>Sand, fine to coarse &amp; med gravel</b>  |  |                                      |  | <b>62</b>  |  | <b>92</b>   |  | 12. Pumping level below land surfaces:<br><b>64</b> ft. after <b>1</b> hrs. pumping <b>800</b> g.p.m.<br><b>66</b> ft. after <b>1</b> hrs. pumping <b>700</b> g.p.m.<br>Estimated maximum yield <b>1100</b> g.p.m.  |  |  |  |
| <b>Clay, tan</b>  |  |                                      |  | <b>92</b>  |  | <b>95</b>   |  | 13. Water sample submitted: _____ mo./day/yr.<br>Yes <input checked="" type="checkbox"/> No _____ Date _____  |  |  |  |
| <b>Sand, fine to coarse &amp; coarse gravel</b>   |  |                                      |  | <b>95</b>  |  | <b>125</b>  |  | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade  |  |  |  |
| <b>Clay, tan &amp; gray</b>   |  |                                      |  | <b>125</b>   |  | <b>135</b>  |  | 15. Well grouted? <input checked="" type="checkbox"/><br>With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>10</b> ft.  |  |  |  |
|   |  |                                      |  |  |  |   |  | 16. Nearest source of possible contamination: <b>NONE</b><br>ft. _____ Direction _____ Type _____<br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____   |  |  |  |
|   |  |                                      |  |  |  |   |  | 17. Pump: _____ Not installed<br>Manufacturer's name <b>Sinmons</b><br>Model number _____ HP <b>60</b> Volts _____<br>Length of drop pipe <b>80</b> ft. capacity <b>800</b> g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |  |  |  |
| 18. Elevation:  |  |                                      |  | 19. Remarks:   |  | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Central Well &amp; Pump 325</b><br>Business name _____ License No. _____<br>Address <b>Box 1032 Pratt Ks</b><br>Signed <b>PH Anonmichl</b> Date <b>15 Nov 79</b><br>Authorized representative _____ |  |   |  |  |  |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley |  |                                      |  | <b>5' x 10' x 8" slab</b><br><b>Poured at surface</b>  |  |   |  |   |  |  |  |

26  
11  
25  
SW SE  
1/4 1/4 1/4

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

Form WWC-5