

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 <i>Pratt</i>	Fraction <i>SE 1/4 SE 1/4 NE 1/4</i>	Section number <i>25</i>	Township number <i>T 26 S R 13 E</i>	Range number <i>13</i>
2. Distance and direction from nearest town or city: <i>3 north 1 east</i> Street address of well location if in city: <i>Cunningham</i>			3. Owner of well: <i>W. P. Drilling Co.</i> R.R. or street: <i>234 N. Main St.</i> City, state, zip code: <i>Wichita, Kansas</i>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <i>9</i> in. Completion date <i>9-22-76</i> Well depth <i>140</i> ft.		
				7. <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		
5. Type and color of material		From	To	8. Use: <input 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 checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <i>Galv</i> Weight: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <i>217.3</i> lbs./ft. Dia. <i>5</i> in. to <i>140</i> ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. <i>1265</i>		
				10. Screen: Manufacturer's name <i>Shirley Madsen</i> Type <input type="checkbox"/> Dia. <input type="checkbox"/> Slot/gauze <i>slot</i> Length <input type="checkbox"/> Set between <i>120</i> ft. and <i>140</i> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>4-4</i>		
				11. Static water level: <input type="checkbox"/> ft. below land surface Date <i>9-22-76</i> <i>36</i> ft. below land surface Date <i>9-22-76</i>		
				12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <i>1</i> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <i>24</i> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <input type="checkbox"/> ft. to <input type="checkbox"/> ft.		
				16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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		
		(Use a second sheet if needed)				
18. Elevation:	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.			
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			Business name <i>W. P. Drilling Co.</i> License No. <i>143</i> Address <i>234 N. Main St.</i> Signed <i>[Signature]</i> Date <i>10-1-76</i> Authorized representative			

T 26 S R 13 E Sec 25 SE 1/4

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

Form WWC-5