

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

*Cooper #2*

1. Location of well: County <i>Pratt</i>		Fraction <i>NW 1/4 NW 1/4 NE 1/4</i>		Section number <i>8</i>	Township number <i>T 26 S</i>	Range number <i>R 12 W E/W</i>															
2. Distance and direction from nearest town or city: <i>2 north 5 1/2 east Juba</i>			3. Owner of well: <i>H. 30 Drilling Co</i> R.R. or street: <i>Wichita Kansas</i> City, state, zip code:																		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <i>8</i> in. Completion date <i>Dec 10-77</i> Well depth <i>105</i> ft.																	
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>5. Type and color of material</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><i>Clay</i></td> <td><i>0</i></td> <td><i>20</i></td> </tr> <tr> <td><i>Sandy Clay</i></td> <td><i>20</i></td> <td><i>70</i></td> </tr> <tr> <td><i>Sand</i></td> <td><i>70</i></td> <td><i>85</i></td> </tr> <tr> <td><i>Gravel</i></td> <td><i>85</i></td> <td><i>105</i></td> </tr> </tbody> </table>		5. Type and color of material	From	To	<i>Clay</i>	<i>0</i>	<i>20</i>	<i>Sandy Clay</i>	<i>20</i>	<i>70</i>	<i>Sand</i>	<i>70</i>	<i>85</i>	<i>Gravel</i>	<i>85</i>	<i>105</i>	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		
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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>Plastic</i> Weight: <i>Above</i> 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>287.3</i> lbs./ft. Dia. <i>5</i> in. to <i>105</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>200</i>																		
18. Elevation:  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks:  (Use a second sheet if needed)		10. Screens Manufacturer's name <i>Self made</i> Type <i>PVC</i> Dia. <i>5</i> Slot gauge <i>5</i> Length <i>70</i> Set between <i>85</i> ft. and <i>105</i> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>5-1/4</i>																	
				11. Static water level: <i>40</i> ft. below land surface Date <i>12-10-77</i> mo./day/yr.																	
				12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.																	
				13. Water sample submitted: ____ Yes <input checked="" type="checkbox"/> No Date ____ mo./day/yr.																	
				14. Well head completion: <input type="checkbox"/> Pitless adapter ____ 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 <i>0</i> ft. to <i>12</i> ft.																	
				16. Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? ____ Yes ____ 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. <i>Myers Water Well</i> Business name <i>143</i> License No. Address <i>Wichita, KS</i> Signed <i>A Myers</i> Date <i>12-10-77</i> Authorized representative																	

T 26  
 R 12  
 W E/W  
 Sec 8  
 NW NE

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

Form WWC-5