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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

Knop #B1

1 Location of well: County	Township name	Fraction	Section number	Town number	Range number
Pratt		SW SWSE	21	26S	12 W

Distance and direction from nearest town or city: 2 1/2 north
Street address of well location if in city: 5 east of Iuka

3 Owner of well: Search Drilling Co
Address: Wichita Kansas

Locate with "X" in section below: Sketch map:

N
W E
S
1 Mile

4 Well depth: 100 ft. Date of completion 8-23-75
Well diameter 7 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☒ Oilfield Surf.

7 Casing: Material PVC Height: above/below
Threaded ☐ Welded ☒ Surface 12 in.
Diam. 4 in. to 100 ft. depth Weight 142 lbs./ft 180
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☒ No

8 Screen:
Manufacturer Peerless Plastic
Type PVC Dia. 4
Slot/gauze 8 Length 10
Set between 90 ft. and 100 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/8 1/4

9 Static water level:
56 ft. below land surface Date 8-23-75

10 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.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☐ Pitless adapter ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☐ Neat cement ☒ Bentonite ☐ ___
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ☐ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

2 Type and color of material	From	To
Clay	0	20
Sandy Clay	20	70
Sand	70	80
Gravel	80	100
(use a second sheet if needed)		

16 Remarks: elevation

Topography:
☐ Hill
☒ Slope
☐ Upland
☐ Valley

17 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.
Myers Water Well 143
Business name License No.
Address Great Bend Ks
Signed [signature] Date 8-23-75
Authorized representative

26 12W 21 SWSWSE

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H