

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 SE 1/4 SE 1/4 SW 1/4	Section number 24	Township number T 26 S	Range number R 12 W E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: WENDELL HOWELL R.R. or street: City, state, zip code: PRESTON, KS		
4. Locate with "X" in section below:			Sketch map: well X House — Septic DRAINAGE		
			6. Bore hole dia. 10 in. Completion date _____ Well depth 105 ft. 27 MAR 79		
5. Type and color of material			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		
			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		
			9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 90 ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. 258		
			10. Screen: Manufacturer's name _____ Type Pitless Dia. 5" Slot/gauze 1/8 Length 15' Set between 90 ft. and 105 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4" X 1/4"		
			11. Static water level: _____ mo./day/yr. 51 ft. below land surface Date 27 MAR 79		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 50 g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 12 Inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 4 ft. to 14 ft.		
			16. Nearest source of possible contamination: ft. 160 Direction SE Type Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: Not installed Manufacturer's name STARITE Model number 20 HP 3/4 Volts _____ Length of drop pipe 70 ft. capacity 18 g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other		
			(Use a second sheet if needed)		
18. Elevation:		19. Remarks: 4' X 4' X 4" slab poured below pitless adapter		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. Central Well & Pump 325 Business name License No. _____ Address Box 1032 PRATT, KS Signed Bl Honomick Date 5 APR 79 Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 26 R 12 W E 24 Sec 54 1/4 1/4 1/4

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

Form WWC-5