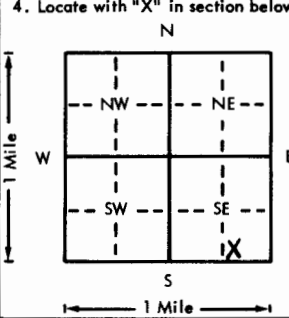
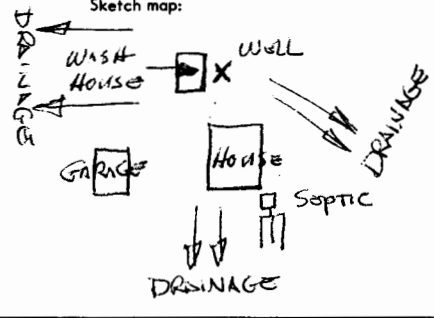


Sent 7-25-77

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 SW 1/4 SE 1/4 SE 1/4	Section number 26	Township number T 26	Range number S R 12 W E/W
2. Distance and direction from nearest town or city: 2W 1S 1/4 W Street address of well location if in city: OF PRESTON			3. Owner of well: MERLIN MARDIS R.R. or street: City, state, zip code: PRESTON, KS		
4. Locate with "X" in section below: 			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>10</u> in. Completion date <u>25 Sept 76</u> Well depth <u>80</u> ft.
SOIL			0	2	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
CLAY, TAN			2	15	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
GYP, WHITE HARD			15	45	9. Casing: Material _____ Height: (Above) or below _____ Threaded _____ Welded <u>GL</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>258</u>
SAND, FINE TO COARSE & MED GRAVEL			45	90	10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>5</u> Slot/gauze <u>1/8</u> Length <u>20'</u> Set between <u>60</u> ft. and <u>80</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>1/2 - 1/8</u>
					11. Static water level: _____ mo./day/yr. <u>49</u> ft. below land surface Date <u>25 Sept 76</u>
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>75</u> 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 _____ Inches above grade
					15. Well grouted? <u>Yes</u> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>4</u> ft. to <u>14</u> ft.
					16. Nearest source of possible contamination: <u>SEPTIC</u> ft. <u>100</u> Direction <u>SSE</u> Type <u>TANK</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <u>MNC</u> No
					17. Pump: _____ Not installed Manufacturer's name <u>GOULDS</u> Model number <u>256L</u> HP <u>1</u> Volts <u>230</u> Length of drop pipe <u>65</u> ft. capacity <u>20</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other
(Use a second sheet if needed)					
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: 4'x4'x4" SLAB INSTALLED AT BOTTOM OF 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 121 S. TAYLOR PRATT Signed [Signature] Date _____ Authorized representative		

T 26
 R 12 W
 Sec 26
 SW SE SE
 1/4 1/4 1/4