

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 <u>Pratt</u> Fraction <u>NW 1/4 NW 1/4 SW 1/4</u> Section number <u>28</u> Township number <u>T 26 S R 12W E/W</u> Range number	
2. Distance and direction from nearest town or city: <u>SW 1/2 S of Preston, KS</u> 3. Owner of well: <u>H-30 Inc</u> Street address of well location if in city: <u>Preston, KS</u> R.R. or street: City, state, zip code: <u>Wichita, KS</u>	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>N</p> <p>W X E</p> <p>S</p> <p>1 Mile</p> </div> <div> <p>X → drainage</p> </div> </div>	
5. Type and color of material	
	From To
Soil	0 2
Clay	2 15
Clay, tan	15 58
Sand, fine to med.	58 65
Sand, fine to coarse and med. gravel	65 87
Sand, fine to coarse and fine to coarse gravel	87 120
(Use a second sheet if needed)	
18. Elevation:	19. Remarks:
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	6. Bore hole dia. <u>10</u> in. Completion date <u>1 Dec 77</u> Well depth <u>120</u> 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 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 _____ Height <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>258</u> 10. Screen: Manufacturer's name <u>Peerless</u> Type <u>Saw slot</u> Dia. <u>5"</u> Slot/gauze <u>1/8</u> Length <u>30'</u> Set between <u>100</u> ft. and <u>170</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4x4</u> 11. Static water level: _____ no./day/yr. <u>54</u> ft. below land surface Date <u>1 Dec 77</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>50</u> g.p.m. 13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ 14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> 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 <u>0</u> ft. to <u>10</u> ft. 16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>NONE</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. Pump: _____ 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. <u>Central Well &amp; Pump Svc. 325</u> Business name _____ License No. _____ Address <u>121 S. Taylor Pratt, KS.</u> Signed <u>Edonomich</u> Date <u>22 July 78</u> Authorized representative

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

Form WWC-5

T 26 S R 12 W E/W  
 Sec 28  
 NW 1/4 NW 1/4 SW 1/4