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)

Knobb 2						Water well Contracto Topeka, Kansas 66620		
County Fraction	CE N	F	Section	number	Township number	Range number		1
. Location of well: Pratt 0 1/4	SR 1/4	1/4	2	9	, 26S	s ,R, 12	$\mathcal{W}_{\text{E/W}}$	
. Distance and direction from nearest town or city:		3. Owne	er of wel	I: X	Plane D	elling)	
reet address of well location if in city:		R.R. or s		ode:	echita 1	Kansak)	
Locate with "X" in section below: Sketch map:					6. Bore hole dia.	in Completion dat	e	1
4 N					Well depth LAD ft		29-7	6
- NW NE					7 Cable tool 🔏 Rote Hollow rod Jett			
W 1 1 E					8. Use: Domestic Irrigation	Public supply Air conditioning		
SW SE					Lawn	Oil field water _		
s					Threaded Welded RMP PVC	X	<u>L</u> in. 7. G bs./ft.	i
1 Mile ————			<u> </u>	1	Dia 5 in. to LODit.	depth Wall Thicknes	s: inches or	
Type and color of material			From	То	Dia in. to ft.		00	ł
	Clay		0	16	Solk ?	made		
Í	Dal 1			 	Slo gauze	Dia Length(, 7	
Save	y Clay		10	50	Set between ODO		<i>O O</i> ft.	
	anda		50	80	Gravel pack?	t. and range of material_	4 7	
- Sr	mel		80	100	11. Static water level:ft. below land	surface Date	mo./day/yr.	
	•				12. Pumping level below	•		
					ft. after		g.p.m.	
					Estimated maximum yield		g.p.m.	
					13. Water sample submitte		mo./day/yr.	
					Yes No	Date		ł
					Pitless adapter	Inches ab	ove grade	
					15. Well grouted?	<u>e</u> o	_	
					With: Neat cement . Depth: From ft.		Concrete	-
					16. Nearest source of poss			
					ft Direction . Well disinfected upon con			
					17. Pump:	<u></u> ✓ Not instal		٦
					Manufacturer's name	HP		\ ~
					Model number Length of drop pipe	ft. capacity _	Volts	
					Type: Submersible	Tu	bine	
(Use a second sheet if neede	d)				Jet Centrifugal		ciprocating her	Sec
. Elevation: 19. Remarks:			***		20. Water well contractor This well was drilled unde	· · · · · · · · · · · · · · · · · · ·	this report	ľ
					is true to the best of my ki			,_
ppography:					Busipess name	Valer W.	License No.	1/4
Slope Slope					Address Address	nd 16	143	7
Upland Valley					Signed Authorited	representative D	Pate <u>//-</u> 2	3
and the white, blue and pink copies to the Department of Health and	d Environment				1.00	Form	WWC-5	