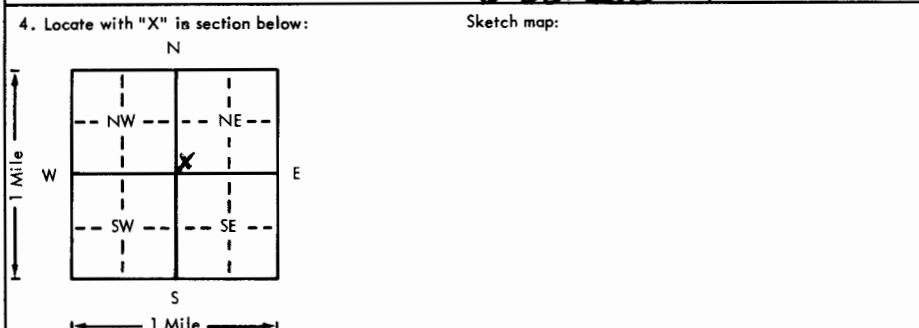**WATER WELL RECORD**
KSA 82a-1201-1215

Kansas Department of Health and
Environment—Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

Mardis #1

1. Location of well:	County *Pratt*	Fraction *SW* 1/4 *SW* 1/4 *NE* ~~NW~~ 1/4	Section number 36	Township number T 26 S S	Range number R 12 W E/W

2. Distance and direction from nearest town or city: (north) 8 *east* ~~Iuka~~

Street address of well location if in city:

3. Owner of well: *D. R. Lauch.*
R.R. or street:
City, state, zip code: *Wichita Kansas.*

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

N

NW — NE

W | X | E

SW — SE

S

|← 1 Mile →|

1 Mile

6. Bore hole dia. **8** in.   Completion date _____
Well depth **105** ft.   **11-28-77**

7. __ Cable tool **X** Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn **X** Oil field water __ Other

9. Casing: Material *Plastic* Weight: Above or below
Threaded _____ Welded **X** Surface **12** in.
RMP _____ PVC **X** Weight **287.3** lbs./ft.
Dia. **5** in. to **105** ft. depth Wall Thickness: inches or
Dia. __ in. to __ ft. depth gage No. **200**

5. Type and color of material	From	To
Clay	0	15
Sandy Clay	15	45
Sand	45	85
Gravel	85	105
(Use a second sheet if needed)		

10. Screen: Manufacturer's name *self made*
Type *pipe* Dia. **5**
Slot/gauze **1/8** Length **20**
Set between **85** ft. and **105** ft.
_____ ft. and _____ ft.
Gravel pack? *yes* Size range of material **1/2 - 1/4**

11. Static water level: mo./day/yr.
54 ft. below land surface Date **11-28-77**

12. 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.

13. Water sample submitted: mo./day/yr.
__ Yes **X** No Date _____

14. Well head completion:
__ Pitless adapter _____ Inches above grade

15. Well grouted? *yes*
With: __ Neat cement **X** Bentonite __ Concrete
Depth: From **0** ft. to **10** ft.

16. Nearest source of possible contamination:
ft. _____ Direction _____ Type _____
Well disinfected upon completion? _____ Yes _____ No

17. Pump: **X** Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:	19. Remarks:
Topography:	
__ Hill	
X Slope	
__ Upland	
__ Valley	

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.
Business name *Myers Water Well* License No. _____
Address *Gt Bend Ks 143*
Signed *R Myers* Date **11-28-77**
Authorized representative

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

Form WWC-5

T 26 R 12 Sec 36 SW SW NE 1/4 1/4 1/4

MI-1023