USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
DDINIT CLEADI V

WATER WELL RECORD KSA 82a-1201-1215

T	R	FW	sec 1/4	1/4	1/4 No	
		TT				٦

Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bldg. 740

Prishie #		C5W/4SE	4		Topeka, Kansas 66620	
1 Location of well: Pratt	Township name	Fraction	_	n number	Town number Range number 7265 R/3 W	
Street address of well location with critical	Side 1	7-1	er of well	w	iling Dulling Co	
Locate with "X" in section below:	Sketch map:	Frist	2 7 7 7	Ħ	4 Well depth:ft. Date of completic2-26-74 Well diameterin	
 					5 Cable tool X Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary 6 Use: Domestic Public supply X Industry	
					Irrigation Air conditioning Commercial Test well 2 7 Casing: Material Lattingth: bovy below	
S Mile	·		Ţ ;		Threaded Welded Surface 2 in. Diam. Weight Slbs./ft.20 Lin. to 25 ft. depth Drive shoe? Yes No in. to ft. depth!	
2 Тур	be and color of material		From	То	8 Screen:	
		Clay	0	20	Manufacturer	
		Grand	20 45	45 75	Set between 45 ft. and 25 ft Fittings: Gravel pack 24 yes \[\Bar \text{No Size range of material 48} \]	
			-		9 Static water level:	
					10 Pumping level below land surfaces: ———————————————————————————————————	
					Estimated maximum yield g.p.m. 11 Water sample submitted: Yes No Date	l
					12 Well head completion: 12 M Inches above grade	-
					13 Well grouted? Yes No Neat cement Bentonite Depth: From ft. to	
					14 Nearest source of possible contamination: ft. 100 Direction Sallin Type	/ ル/
					15 Pump: Not installed Manufacturer's name	
					Model number HP Volts Length of drop pipe ft. capacity g.m.p. Type:	7
(use	e a second sheet if needed)				Submersible)
16 Remarks: elevation					17 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.	000
Topography: □ Hi II X Slope					My ws Walu Will 143 Josiness nome Address head & License No.	1
Upland Valley		•		:	Signed Authorized representative Date 12-16	ζţ

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5