

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 C/SW 1/4 1/4 1/4	Section number 8	Township number T 26 S R E/W	Range number 13
2. Distance and direction from nearest town or city: 5 Miles East of Byers Street address of well location if in city:				3. Owner of well: Charles Young R.R. or street: City, state, zip code: Tulca, Ks.		
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. 29 in. Completion date Well depth 154 ft. 7-11-75	
					7. 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	
5. Type and color of material		From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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		
Top Soil		0	2	9. Casing: Material Steel Height Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 16 in. to 18 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 7		
Sandy Brown Clay		2	10	10. Screen: Manufacturer's name _____ Type Steel Dia. 16 Slot/gauge 3/16 Length 60 Set between 57 ft. and 97 ft. 103 ft. and 139 Gravel pack? <input type="checkbox"/> Size range of material 1/2 3/4 3/8		
Brown White & Gray Clay		10	45	11. Static water level: _____ mo./day/yr. 20 ft. below land surface Date 6-13-75		
Sand & Gravel Clean Coarse loose		45	64	12. Pumping level below land surfaces: 15 ft. after 7 hrs. pumping 1000 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1200 g.p.m.		
Sand, Brown & White Clay mixed		64	70	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date 7-7-75		
Sand & Gravel Clean Coarse loose		70	79	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
White Clay & Rock		79	86	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
Lt. Gray, Brown Sandy Clay		86	105	16. Nearest source of possible contamination: ft. 1m Direction N Type septic tank Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HARD White Rock		105	106	17. Pump: _____ Not installed Manufacturer's name Fairbanks Morse Model number 4 M 11 HP 100 Volts _____ Length of drop pipe 80 ft. capacity 1000 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
Sand & Clay Mixed		106	115	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. Rosecrantz - Bemis License No. 134 Address Great Bend, Ks. Signed India Hodson Date 9/2/76 Authorized representative		
Sand & Gravel Clean loose		115	132			
Brown & White Clay		132	136			
Sandy Brown & Gray Clay		136	140			
Sandy Yellow Brown Clay		140	144			
Sand & Gravel Clean Coarse loose		144	154			
Red Bed (Use a second sheet if needed)		154	155			
18. Elevation: 1952		19. Remarks: 26 90 9				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		26 13 8 NC X				

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

Form WWC-5