

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

*Location?*

1. Location of well:		County <b>Pratt</b>	Fraction <b>SW 1/4 1/4 1/4</b>	Section number <b>12</b>	Township number <b>T 26 S R 13</b>	Range number <b>13</b>
2. Distance and direction from nearest town or city: <b>2 mi. E E</b> <b>1 1/2 mi. N. of Inka, Kansas</b> Street address of well location if in city:				3. Owner of well: <b>Bud Keller</b> R.R. or street: <b>Preston, Kansas</b> City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile				Sketch map: <b>Well No. 1</b> <b>(TH 1-70)</b>		
5. Type and color of material				From	To	6. Bore hole dia. <b>30</b> in. Completion date _____ Well depth <b>139</b> ft. <b>6/3/76</b>
Top soil				0	2	7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary
Clay				2	37	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
Fine to coarse sand & gravel				37	72	9. Casing: Material <b>Stl.</b> Height: Above or _____ Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>16</b> in. RMP _____ PVC _____ Weight <b>31.75</b> lbs./ft. Dia. <b>16</b> in. to <b>96</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>188</b>
Clay				72	84	10. Screen: Manufacturer's name <b>Doerr</b> <b>Metal Products</b> Type <b>Stl.</b> Dia. <b>16"</b> Slot/gauze <b>1/8"</b> Length <b>44'</b> Set between <b>89 1/2</b> ft. and <b>125 1/2</b> ft. <b>131</b> ft. and <b>139</b> ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <b>1/2 x 1/4</b>
Med. to coarse sand & gravel				84	127	11. Static water level: _____ mo./day/yr. <b>19.5</b> ft. below land surface Date <b>7/30/76</b>
Clay				127	131	12. Pumping level below land surfaces: <b>74.2</b> ft. after <b>2</b> hrs. pumping <b>1000</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>1500+</b> g.p.m.
Fine to coarse sand & gravel				131	139	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
Clay				139	142	14. Well head completion: <b>Steel Plate</b> <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade
						15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
						16. Nearest source of possible contamination: ft. <b>1300</b> Direction <b>SW</b> Type <b>Farm</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						17. Pump: _____ Not installed Manufacturer's name <b>Layne &amp; Bowler</b> Model number <b>77216W</b> HP <b>80</b> Volts _____ Length of drop pipe <b>100</b> ft. capacity <b>800</b> 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
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:		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. <b>Layne Western Co. 102</b> Business name _____ License No. _____ Address <b>Wichita, Kansas</b> Signed _____ Date <b>8/12/76</b> Authorized _____		

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 130  
 12  
 CS  
 1/4  
 1/4  
 1/4

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

Form WWC-5