

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82g-1201-1215

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

County <b>Pratt</b>	Fraction Center of 1/4      1/4 NE    1/4	Section number <b>19</b>	Township number T <b>26</b>	Range number S    R <b>13</b>	<b>EW</b>
2. Distance and direction from nearest town or city: <b>5 miles Northwest of Iuka, KS</b> Street address of well location if in city:		3. Owner of well: <b>Ramon Parker</b> R.R. or street: <b>Box 33</b> City, state, zip code: <b>Iuka, KS 67066</b>			
4. Locate with "X" in section below: N W                  E S 1 Mile		Sketch map:		6. Bore hole dia. <b>24</b> in. Completion date <b>5-16-77</b> Well depth <b>90</b> ft.	
		7. Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary		8. Use: Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation Air conditioning Stock Lawn Oil field water Other	
		9. Casing: Material <u>steel</u> Height: Above or below Threaded Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP PVC Weight <u>30.3</u> lbs./ft. Dia. <u>16</u> in. to <u>50</u> ft. depth Wall Thickness: inches or Dia. in. to ft. depth gage No. <u>7 ga.</u>		10. Screen: Manufacturer's name <u>Doerr</u> Type <u>Double-slot</u> Dia. <u>16"</u> <u>Slot gauze</u> <u>1/8"</u> Length <u>40'</u> Set between <u>50</u> ft. and <u>90</u> ft. Gravel pack? <u>yes</u> Size range of material <u>3/8-200</u>	
5. Type and color of material		From	To		
& Top soil & clay		0	13		
Sand & gravel		13	24		
Clay		24	37		
Sand & gravel & clay streak at 65'		37	86		
Clay		86	90		
				11. Static water level: _____ mo./day/yr. <u>19</u> ft. below land surface Date <u>5-10-77</u>	
				12. Pumping level below land surfaces: <u>N/C</u> _____ 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
				14. Well head completion: Pitless adapter <u>12</u> Inches above grade	
				15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>10</u> ft.	
				16. Nearest source of possible contamination: <u>FIELD</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
				17. Pump: _____ Not installed Manufacturer's name <u>Peerless Pump</u> Model number <u>12LB-3</u> HP <u>80</u> Volts _____ Length of drop pipe <u>60</u> ft. capacity <u>900</u> g.p.m. Type: ____ Submersible <input checked="" type="checkbox"/> Turbine ____ Jet _____ Reciprocating ____ Centrifugal _____ 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>Clarke Well &amp; Eq., Inc. 185</b> Business name _____ License No. _____ Address <u>Great Bend, KS 67530</u> Signed <u>D-W Clarke</u> Date <u>5-17-77</u> Authorized representative		
Topography: ____ Hill ____ Slope ____ Upland ____ Valley					

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

Form WWC-5

M1-1023