

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 SW 1/4 SW 1/4 SW 1/4	Section number 32	Township number T 26 S R 13 E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: Iuka				3. Owner of well: Brent Hoerner R.R. or street: City, state, zip code: Iuka, Ks.		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 8 in. Completion date 12/9/76 Well depth 93 ft.		
				7. <input type="checkbox"/> 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 checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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		
				9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC 160 Weight _____ lbs./ft. Dia. 4 in. to 93 ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. _____		
				10. Screen: Manufacturer's name _____ Type pvc Dia. 4 Slot/gauze .035 Length 5 Set between 88 ft. and 98 ft. _____ ft. and _____ ft. Gravel pack? yes Size range of material: dn		
				11. Static water level: _____ mo./day/yr. 45 ft. below land surface Date 12/9/76		
				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 <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ 15 inches above grade		
				15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 15 ft.		
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name Jacuzzi Model number 584E HP 1/2 Volts 230 Length of drop pipe 63 ft. capacity 10 g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
18. Elevation:		(Use a second sheet if needed)		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. Lyman Bros License No. 140 Address Med Lodge Signed WA Lyman Date 1-4-77 Authorized representative		
19. Remarks: SLAB TO BE POURED BY CUSTOMER						

T-R-S probably not correct.

T 26 S R 13 E Sec 32 SW 1/4 1/4 1/4

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

Form WWC-5