

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 <u>Pratt</u>		Fraction <u>SW 1/4 SW 1/4 NW 1/4</u>		Section number <u>3</u>		Township number <u>T 26<sup>S</sup></u>		Range number <u>R 14<sup>E/W</sup></u>	
2. Distance and direction from nearest town or city: <u>North 1/2 mile</u>				3. Owner of well: <u>DNB Drilling</u>					
Street address of well location if in city: <u>1/2 north 1/2 Hwy. F</u>				R.R. or street: <u>Box 655</u>					
4. Locate with "X" in section below:				Sketch map:					
				6. Bore hole dia. <u>2</u> in. Completion date <u>4-20-78</u> Well depth <u>75</u> 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					
				8. Use: <input 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 checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other					
				9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>287.3</u> /ft. Dia. <u>5</u> in. to <u>75</u> ft. depth Wall Thickness: inches Dia. <u>5</u> in. to <u>75</u> ft. depth Gage No. <u>200</u>					
5. Type and color of material				From		To			
				<u>Sand</u>		<u>5 12</u>			
				<u>Clay</u>		<u>12 43</u>			
				<u>Fine Sand</u>		<u>43 55</u>			
				<u>Gravel</u>		<u>55 75</u>			
				10. Screen: Manufacturer's name <u>Sharp Metal</u> Type <u>Saw</u> Dia. <u>5</u> Slot/gauge <u>1/8</u> Length <u>20</u> Set between <u>5.55</u> ft. and <u>7.5</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8 to 4</u>					
				11. Static water level: <u>26</u> ft. below land surface Date <u>4-20-78</u> mo./day/yr.					
				12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>200</u> g.p.m.					
				13. Water sample submitted: ____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____					
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade					
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.					
				16. Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No					
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.p.m. Type: <input type="checkbox"/> Submersible <input 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:							
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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. <u>Myers Water Well Service</u> Business name License No. <u>143</u> Address <u>Great Bend, Kansas</u> Signed <u>Charles Myers</u> Date <u>4-20-78</u> Authorized representative							

T 26 R 14 E Sec 3 SW NW

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

Form WWC-5