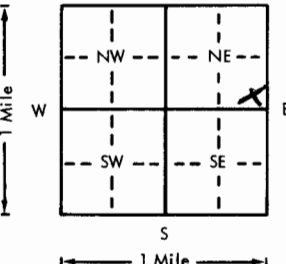


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

*Tompkins #1*

1. Location of well: County <i>Pratt</i>		Fraction <i>SE 1/4 SE 1/4 NE 1/4</i>		Section number <i>4</i>		Township number T <i>26 S</i> S		Range number R <i>14 W</i> E/W					
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: <i>D.N.B. Drilling Co</i> R.R. or street: <i>Wichita Kansas</i> City, state, zip code:									
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile				Sketch map: 		6. Bore hole dia. <i>8</i> in. Completion date Well depth <i>80</i> ft. <i>9-30-77</i>							
5. Type and color of material				From		To		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					
				Clay		0 5		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					
Sandy clay				5		40		9. Casing: Material <i>Plastic</i> Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <i>289.3</i> lbs./ft. Dia. <i>5</i> in. to <i>80</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>200</i>					
				Sand		40 60		10. Screen: Manufacturer's name <i>Self made</i> Type <i>Prod</i> Dia. <i>5</i> Slot/gauze <i>5</i> Length <i>20</i> Set between <i>60</i> ft. and <i>80</i> ft. ft. and <input type="checkbox"/> ft. Gravel pack <input checked="" type="checkbox"/> yes size range of material <i>5-7</i>					
Gravel				60		80		11. Static water level: <i>20</i> ft. below land surface Date <i>9-30-77</i> 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 g.p.m.					
								13. Water sample submitted: mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date					
								14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade					
								15. Well grouted? <i>yes</i> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> 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)								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. <i>Myers Water Well</i> Business name <i>143</i> License No. Address <i>143</i> Signed <i>A. Myers</i> Date <i>9-30-77</i> Authorized representative					
18. Elevation:		19. Remarks:								20. Water well contractor's certification:			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley													

T 26 S R 14 W Sec 4 SE SE NE

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

Form WWC-5