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

WATER	WELL	RECORD	
KSA 8	2a-12	01-1215	

Fraction C SW 1/4. Section number Township number Range number County 1. Location of well: 24 26 14 W PRATT 1/4 1/4 т SR 1/4 E/W 2. Distance and direction from nearest town or city: 3. Owner of well: Edwin R. PETROWSKY 150-3E-3/4 50 05 R.R. or street: IUKa, Kans. Street address of well location if in city: Byers, Kans. 67066 City, state, zip code: 6. Bore hole dia. 28 in. Completion date 12/12/75 4. Locate with "X" in section below: Sketch map: Well depth <u>84</u> ft. N 7. ___ Cable tool ___ Rotary ___ Driven __ Dug ___ Hollow rod ___ Jetted ___ Bored 🗶 Reverse rotary NW NE -1 8. Use: ___ Domestic ___ Public supply ___ Industry Mile Ε W X Irrigation ____ Air conditioning ____ Stock ____ Lawn ____ Oil field water ____ Other 9. Casing: Material STEEL Height: Above or below Threaded _____ Welded X____iSurface ______iSurface ______ RMP____ ___ PVC _____Weight _ lbs./ft S Dia. 16 in. to 84 ft. depth Wall Thickness: inches or 1 Mile -Dia. ____ in. to ____ ft. depth gage No. ____ Ga. From То 5. Type and color of material 10. Screen: Manufacturer's name _ W.A. BROWN ENTERPRISE 26 Top - Clay ð Type ST. FREE-Flow Dia. 16 Va -40 Slot/gauze ____ _____ Length _ 26 35 BROWN Sand Fine 44 Set between ___ _ft, and _ _ft. and _ 84 35 COURSE GRAVEL & COURSE Sand Gravel pack? ______ Size range of material. 11. Static water level: mo./day/yr Clay 17_ft. below land surface Date 112/75 12. Pumping level below land surfaces: 52 ft. after 4 hrs. pumping 1150 g.p.m. _____ ft. after ____ _ hrs. pumping steel plate welded to bottom _ g.p.m. 1600 Estimated maximum yield -_g.p.m. 13. Water sample submitted: mo./day/yr Casina Yes 📉 No Date 14. Well head completion: ____ Pitless adapter 16 Inches above grade 15. Well grouted? With: X Neat cement ____ Bentonite Concrete Depth: From ______ ft. to _____ ft. 16. Nearest source of possible contamination: ft. 3000 Direction NORTH Type FARM ST ead Well disinfected upon completion? _____ Yes ___ No ____ Not installed 17. Pump: Manufacturer's name WESTERN Land Roller Model number _____ ____ HP _____ Volts _ <u>70</u> ft. capacity **250**g.p.m. (₹)[,] Length of drop pipe ____ Type: ____ Submersible X Turbine ____ Jet _ Reciprocating (Use a second sheet if needed) _ Centrifugal Other 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. Topography: 2 Wells DRilling Co. 112 Hill Business name License No. Address 10.30 Hiway East Slope Signed Dal Wells - Date Der X Upland Authorized representative Valley

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

Kingman, Kans.

Form WWC-5