

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>C 1/4 NE 1/4 SE 1/4</u>	Section number <u>25</u>	Township number <u>T 26 S R 14 E</u>	Range number <u>14 E</u>
2. Distance and direction from nearest town or city: <u>8 mi SW. Pratt</u>			3. Owner of well <u>Dunn + Gardner Oil Co</u> R.R. or street: City, state, zip code: <u>Wichita Kan</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>5-23-78</u> Well depth <u>80</u> ft.		
		7. <input checked="" 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>1 3/4</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>278-3</u> lbs./ft. Dia. <u>5</u> in. to <u>80</u> ft. depth Wall Thickness: inches <u>1/2</u> Dia. <u>5</u> in. to <u>80</u> ft. depth Gauge No. <u>2004</u>		
5. Type and color of material				From	To	
<u>Clay</u> <u>Fine Sand</u> <u>Clay</u> <u>Gravel</u>				0	30	
				30	40	
				40	60	
				60	80	
10. Screen: Manufacturer's name <u>Ship Model</u>						
Type <u>Sand</u> Dia. <u>5</u>						
Slot/gauze <u>1/8</u> Length <u>20</u>						
Set between <u>80</u> ft. and <u>80</u> ft.						
Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4-1/2</u>						
11. Static water level: <u>18</u> ft. below land surface Date <u>5-23-78</u>						
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:						
____ Pitless adapter <u>12</u> Inches above grade						
15. Well grouted? <input checked="" type="checkbox"/>						
With: <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete						
Depth: From <u>0</u> ft. to <u>30</u> ft.						
16. Nearest source of possible contamination:						
ft. ____ Direction ____ Type ____						
Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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:		20. Water well contractor's certification:			
Topography:			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
<input checked="" type="checkbox"/> Hill			Business name <u>Myers Water Well Service</u> License No. <u>143</u>			
<input checked="" type="checkbox"/> Slope			Address <u>Great Bend</u>			
<input type="checkbox"/> Upland			Signed <u>Charles C. Myers</u> Date ____			
<input type="checkbox"/> Valley			Authorized representative			

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

Form WWC-5