

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>NE 1/4 NE 1/4 NE 1/4</u>		Section number <u>32</u>		Township number <u>T 26 S R 14 E</u>		Range number <u>14</u>	
2. Distance and direction from nearest town or city: <u>2 1/2 South 2 West Byers</u>				3. Owner of well: <u>D.R. Jones Oil Co</u>					
Street address of well location if in city:				R.R. or street: City, state, zip code: <u>Weslita, Kansas</u>					
4. Locate with "X" in section below:				Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>3-18-78</u> Well depth <u>85</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"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>17</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>287.3</u> lbs./ft. Dia. <u>0</u> in. to <u>85</u> ft. depth Wall Thickness: inches, or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>200</u>			
5. Type and color of material				From		To		10. Screen: Manufacturer's name <u>Steph State</u> Type <u>Steph</u> Dia. <u>5</u> Slot/size <u>8/65</u> Length <u>24</u> Set between <u>8</u> ft. and <u>85</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>5-1/4</u>	
<u>Clay</u>				<u>0</u>		<u>40</u>		11. Static water level: <u>26</u> ft. below land surface Date <u>3-18-78</u> mo./day/yr.	
<u>Sand</u>				<u>40</u>		<u>60</u>		12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>150</u> g.p.m.	
<u>Gravel</u>				<u>60</u>		<u>85</u>		13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
								14. Well head completion: <input type="checkbox"/> Pitless adapter <u>17</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> </u> ft. to <u> </u> ft.	
								16. Nearest source of possible contamination: ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
								17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Myself Water Well Contractor</u> Business name <u>Great Bend</u> License No. <u>143</u> Address <u> </u> Signed <u>Charles O. Myers</u> Date <u>3-18-78</u> Authorized representative					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley									

T 26 S R 14 E Sec 32 NE 1/4 NE 1/4 NE 1/4

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

Form WWC-5