

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>Pratt</b>	Township name <b>CNF</b>	Fraction <b>23</b>	Section number <b>265</b>	Town number <b>15 W</b>	Range number
Distance and direction from nearest town or city: <b>15 3 W</b>			3 Owner of well: <b>Glen Curtis</b>			
Street address of well location if in city: <b>Byers, KS</b>			Address: <b>Hope Well, Kans.</b>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>110</b> ft. Date of completion <b>6-5-75</b> Well diameter <b>30</b> in.		
N W ——— E S 1 Mile				5 <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
2		Type and color of material		From To		6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well
						7 Casing: Material <b>IRON</b> Height: <input checked="" type="checkbox"/> above <input type="checkbox"/> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>24</b> in. Diam. _____ Weight _____ lbs./ft. _____ <b>16</b> in. to <b>20</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth
						8 Screen: Manufacturer <b>Doerr's</b> Type <b>IRON</b> Dia. <b>16"</b> Slot/gauze <b>1/8</b> Length <b>40'</b> Set between <b>20</b> ft. and <b>110</b> ft. Fittings: <b>1/8-3/4"</b> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____
						9 Static water level: <b>30</b> ft. below land surface Date <b>6-5-75</b>
						10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>1200</b> g.p.m.
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
						12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade <b>24</b>
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>0</b> ft. to <b>10</b> ft.
						14 Nearest source of possible contamination: <b>NONE</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						15 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
16 Remarks: elevation						17 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. <b>Kelly's Water Well Serv 186</b> Business name <b>R2 Great Bend, KS</b> License No. _____ Address <b>Great Bend, KS</b> Signed <b>Kelly Price</b> Date <b>6-20-75</b> Authorized representative
		(use a second sheet if needed)				
		Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				