

Dayle

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

WATER WELL RECORD
KSA 82a-1201-1215

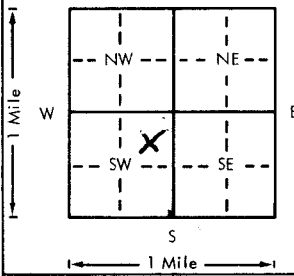
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

Park #1

1. Location of well: County Pratt Fraction C 1/4 NE SW 1/4 Section number 14 Township number 27 S Range number 11 W

2. Distance and direction from nearest town or city: 4 north 3 east 7 north
Street address of well location if in city: Cairo

3. Owner of well: D R Louch
R.R. or street: Michita Kansas
City, state, zip code: 301 S. Oregon St 67202

4. Locate with "X" in section below: Sketch map: 

6. Bore hole dia. 9 in. Completion date 11-8-78
 Well depth 85 ft.

7. Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored Reverse rotary

8. Use: Domestic Public supply Industry
 Irrigation Air conditioning Stock
 Lawn Oil field water Other

9. Casing: Material Plastic Height: Above or below
Threaded Welded Surface 12 in.
RMP PVC Weight 287 lbs./ft.
Dia. 5 in. to 85 ft. depth Wall Thickness: inches or
Dia. 5 in. to 85 ft. depth gage No. 200

5. Type and color of material	From	To
<input checked="" type="checkbox"/> Clay	<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 10
<input checked="" type="checkbox"/> Sandy Clay	<input checked="" type="checkbox"/> 10	<input checked="" type="checkbox"/> 60
<input checked="" type="checkbox"/> Sand	<input checked="" type="checkbox"/> 60	<input checked="" type="checkbox"/> 65
<input checked="" type="checkbox"/> Gravel	<input checked="" type="checkbox"/> 65	<input checked="" type="checkbox"/> 85

10. Screen: Manufacturer's name Self made
Type ORC Dia. 5
Slot/gauge 3/8 Length 76
Set between 6.5 ft and 7.5 ft.
Gravel pack yes Size range of material 1/4 - 3/8

11. Static water level: 38 ft. below land surface Date 11-8-78 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 No Date ____

14. Well head completion: Pitless adapter ____ Inches above grade

15. Well grouted? yes
With: Neat cement Bentonite Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination low
ft. ____ Direction ____ Type low
Well disinfected upon completion? Yes No

17. Pump: Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

18. Elevation: Topography: Hill Slope Upland Valley

19. Remarks: (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.
Myers Water Well
Business name St. Bernard Ks License No. 193
Address St. Bernard Ks
Signed A. Myers Date 11-8-78
Authorized representative

T 27 S
R 11 W
S 14
1/4 C NE SW
1/4 1/4

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

Form WWC-5