

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 PRATT	Fraction NE 1/4 NW 1/4 SW 1/4	Section number 21	Township number T 27S	Range number S R 11W E/W												
2. Distance and direction from nearest town or city: EAST 2 1/2 mile NORTH EAST side			3. Owner of well: D. R. LAUCK R.R. or street: 3 1/2 Morton City, state, zip code: GREAT BEND, KS 67530														
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 9 in. Completion date 10-18-78 Well depth 105 ft.													
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">5. Type and color of material</td> <td style="width:10%;">From</td> <td style="width:10%;">To</td> </tr> <tr> <td>Sand Clay</td> <td>0</td> <td>40</td> </tr> <tr> <td>Clay</td> <td>40</td> <td>80</td> </tr> <tr> <td>Gravel</td> <td>80</td> <td>105</td> </tr> </table>		5. Type and color of material	From	To	Sand Clay	0	40	Clay	40	80	Gravel	80	105	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	
				5. Type and color of material	From	To											
Sand Clay	0	40															
Clay	40	80															
Gravel	80	105															
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 _____ Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface 17 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 278.5 lbs./ft. Dia 5 in. to 105 ft. depth Wall Thickness: inch or Dia. _____ in. to _____ ft. depth gage No. 200 265		10. Screen: Manufacturer's name Pearless Type SAW Dia. 5 Slot/gauze 1/8 Length 20 Set between 105 ft. and 85 ft. _____ ft. and _____ ft. Gravel pack yes Size range of material 1/4-1/8													
11. Static water level: _____ mo./day/yr. 67 ft. below land surface Date 10-18-78		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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____													
14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade		15. Well grouted? yes With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete _____ Depth: From 0 ft. to 10 ft.		16. Nearest source of possible contamination: ft. _____ Direction _____ Type fuel 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		18. Elevation:		19. Remarks:													
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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. Myer Water Well 143 Business Name _____ License No. _____ Address GREAT BEND KS Signed Clay Rosendall Date 10-18 Authorized representative		27 110 21 R 110 W Sec 21 1/4 1/4 1/4 1/4 NE NW SW													
(Use a second sheet if needed)																	

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

Form WWC-5