

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>1/4 E 1/4 SE 1/4</u>		Section number <u>24</u>		Township number <u>T 27 S R 11 E 01</u>		Range number			
2. Distance and direction from nearest town or city: <u>4m S. 3 3/4 E. North into field</u> Street address of well location if in city: <u>from Preston, Ks.</u>				3. Owner of well: <u>Northern Natural Gas Co.</u> R.R. or street: <u>Box 178</u> City, state, zip code: <u>Cunningham, Mo 67035</u>							
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. <u>9 1/2</u> in. Completion date _____ Well depth <u>100</u> ft. <u>12-8-77</u>							
				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							
5. Type and color of material				From		To		9. Casing: Material <u>PVC</u> Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>116</u> lbs./ft. Dia. <u>4 1/2</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>237</u>			
<u>Top soil</u>				<u>0</u>		<u>2</u>		10. Screen: Manufacturer's name <u>Endur-Ted</u> Type <u>pvc</u> Dia. <u>4 1/2</u> Slot/_____ <u>1/16</u> Length <u>20</u> Set between <u>80</u> ft. and <u>100</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4-3/8</u>			
<u>Sand + gravel</u>				<u>2</u>		<u>4</u>		11. Static water level: _____ mo./day/yr. <u>19</u> ft. below land surface Date <u>12-8-77</u>			
<u>Clay</u>				<u>4</u>		<u>6</u>		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping <u>NA</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
<u>Clay and gravel</u>				<u>6</u>		<u>12</u>		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
<u>Sand and gravel</u>				<u>12</u>		<u>39</u>		14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade			
<u>Clay and gravel</u>				<u>39</u>		<u>42</u>		15. Well grouted? <u>no</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.			
<u>Sand and gravel</u>				<u>42</u>		<u>98</u>		16. Nearest source of possible contamination: ft. <u>30</u> Direction <u>S</u> Type <u>oil well</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<u>Clay</u>				<u>98</u>		<u>100</u>		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)								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>Rosencrantz-Bemis</u> <u>134</u> Business name License No. Address <u>Great Bend, Kansas</u> <u>67530</u> Signed <u>Rosencrantz-Bemis</u> Date <u>1/18/78</u> Authorized representative			
18. Elevation:		19. Remarks: <u>well will be pulled &amp; plugged with gravel pack and well cuttings.</u>									
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley											

T 27 S R 11 E 01

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

Form WWC-5