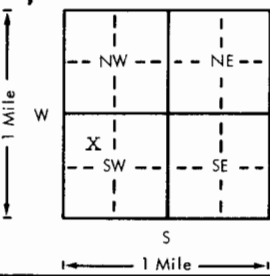


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <b>Pratt</b>	Fraction <b>C 1/4 NW 1/4 SW 1/4</b>	Section number <b>26</b>	Township number <b>T 27 S R 11</b>	Range number <b>EW 3</b>
2. Distance and direction from nearest town or city: <del>1/2 mi. W 1/4 N East side from Cunningham, Ks.</del> Street address of well location if in city: <b>1/2-N 3-E 3/8-N of Cairo, Ks.</b>			3. Owner of well: <b>Northern Natural</b> R.R. or street: <b>box 88</b> City, state, zip code: <b>Lyons, Kansas 67554</b>			
4. Locate with "X" in section below: 			Sketch map:			
5. Type and color of material			From	To	6. Bore hole dia. <u>10</u> in. Completion date _____ Well depth <u>120</u> ft. <u>4-9-79</u>	
sandy top soil			0	2	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	
fine sand			2	12	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	
sand & gravel			12	54	9. Casing: Material <u>pvc</u> Height: Above or <del>below</del> Threaded _____ Welded _____ Surface <u>14</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4 1/2</u> in. to <u>120</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>237</u>	
clay			54	66	10. Screen: Manufacturer's name _____ <b>CertainTeed</b> Type <u>pvc</u> Dia. _____ Slot/size <u>1/16</u> Length <u>20</u> Set between <u>100</u> ft. and <u>120</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>	
sand & gravel			66	95	11. Static water level: _____ mo./day/yr. <u>38</u> ft. below land surface Date <u>4-9-79</u>	
clay			95	109	12. Pumping level below land surfaces: <u>na</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
sand & gravel			109	121	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
red bed			121	122	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
					16. Nearest source of possible contamination: ft. <u>75</u> Direction <u>south</u> Type <u>oilwell</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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	
			(Use a second sheet if needed)			
18. Elevation:		19. Remarks:				
Topography: <input checked="" type="checkbox"/> Hill <input 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. <b>Rosencrantz-Bemis</b> <u>134</u> Business name License No. Address <b>Great Bend, Ks. 67530</b> Signed <u>Sandy K. Kline</u> Date <u>4-27-79</u> Authorized representative				

27 110 26 C M S W 1/4 074

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

Form WWC-5