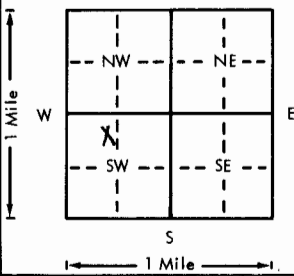


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 35	Township number T 27 S R 11 E	Range number 11
2. Distance and direction from nearest town or city: 34m E. north into field from Street address of well location if in city: Cairo, KS.			3. Owner of well: Northern Natural Gas Co. R.R. or street: Box 178 City, state, zip code: Cunningham, Ks. 67035			
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: 		6. Bore hole dia. 9 7/8 Completion date _____ Well depth 70 ft. 12-9-77		
5. Type and color of material		From	To	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		
Top soil		0	2	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 and gravel		2	38	9. Casing: Material pvc Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface 2 1/2 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 22 lbs./ft. Dia. 4 1/2 in. to 70 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 1237		
Clay		38	47	10. Screen: Manufacturer's name Certaineed Type pvc Dia. 4 1/2 Slot/gauge 1/16 Length 20 Set between 50 ft. and 70 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/4 to 3/8		
Sand and gravel		47	69	11. Static water level: _____ mo./day/yr. 0 ft. below land surface Date 12-9-77		
Red Bed		69	70	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping NA g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
				15. Well grouted? _____ With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.		
				16. Nearest source of possible contamination: ft. 20 Direction east Type oil well Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
				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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks: well will be pulled. & plugged with well cuttings and gravel pack.		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. Rosencrantz-Bemis 134 Business name License No. Address Great Bend, Kansas 67530 Signed Sandy Kilgore Date 1-18-78 Authorized representative		

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1/4
1/4
1/4
27
170
35
NE
NW
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EW

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

Form WWC-5