

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 SW 1/4 SE 1/4 SW 1/4	Section number 35	Township number T 27 S R 11 W	Range number
2. Distance and direction from nearest town or city: 3-E of Cairo, Ks. Street address of well location if in city:		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:		Sketch map:		<input checked="" type="checkbox"/> Bore hole dia. 6 3/4 . Completion date _____ Well depth 100 ft. 12-1-78	
				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	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	
sandy top soil		0	2	<input checked="" type="checkbox"/> Casing: Material pvc Height: Above or below _____ Threaded _____ Welded _____ Surface 18 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 4 1/2 in. to 100 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. .237	
clay		2	4	10. Screen: Manufacturer's name _____ CertainTeed Type pvc Dia. _____ Slot/_____ Length 20 Set between 100 ft. and 80 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/4 3/8	
sand & gravel		4	8	11. Static water level: _____ mo./day/yr. 16 ft. below land surface Date 12-1-78	
clay		8	10	12. Pumping level below land surfaces: na _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
sand & gravel		10	27	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
clay		27	36	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade	
sand		36	39	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From 0 ft. to 10 ft.	
clay		39	47	16. Nearest source of possible contamination: ft. 75 Direction se Type oilwell Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
sand		47	48	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	
clay		48	49	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. Rosenkrantz-Bemis 134 Business name License No. Address Great Bend, Ks. 67530 Signed Sandy K... [Signature] Date 12-27-78 Author/representative	
sand		49	54		
clay		54	57		
sand & gravel		57	60		
clay		60	64		
sand & gravel		64	102		
red bed		102	103		
18. Elevation:		19. Remarks: <i>This hole was reamed to 9 7/8" before casing was set.</i>		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. Rosenkrantz-Bemis 134 Business name License No. Address Great Bend, Ks. 67530 Signed Sandy K... [Signature] Date 12-27-78 Author/representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		(Use a second sheet if needed)			

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

Form WWC-5

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