

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>nw 1/4 nw 1/4 nw 1/4</b>	Section number <b>36</b>	Township number <b>T 27 S R 11 E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>3 1/2-E 1-N of Cairo, Ks.</b> Street address of well location if in city:			3. Owner of well: <b>Northern Natural Gas Co.</b> R.R. or street: <b>Box 178</b> City, state, zip code: <b>Cunningham, Ks. 67035</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>7 7/8</b> in. Completion date _____ Well depth <b>86</b> ft. <b>3-6-78</b>	
		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	
				9. Casing: Material <b>pvc</b> Height: Above or <del>Below</del> _____ Threaded _____ Welded _____ Surface <b>18</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>4 1/2</b> in. to <b>86</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>237</b>	
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____ <b>CertainTeed</b>
black top soil			0	1	Type <b>pvc</b> Dia. _____ Slot <del>3/16</del> <b>1/16</b> Length <b>20</b> Set between <b>86</b> ft. and <b>66</b> ft. _____ ft. and _____ ft.
sandy clay			1	10	Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/4 3/8</b>
brown clay			10	16	11. Static water level: _____ mo./day/yr. <b>12</b> ft. below land surface Date <b>3-6-78</b>
brown clay w/streaks of black river mud			16	24	12. Pumping level below land surfaces: <b>na</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
black river mud			24	29	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
sand & gravel			29	43	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
sand & gravel w/(4) brown clay breaks			43	50	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
brown clay			50	66	16. Nearest source of possible contamination: ft. <b>150</b> Direction <b>ne</b> Type <b>oil well</b> Well disinfected upon completion? <b>hth</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
sand & gravel			66	86	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:		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> <b>134</b> Business name License No. Address <b>Great Bend, Ks. 67530</b> Signed <b>[Signature]</b> Date <b>2/20/79</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

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

Form WWC-5