

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>PRATT</b>	Township name	Fraction	Section number <b>10</b>	Town number <b>T27</b>	Range number <b>R12W</b>	
Distance and direction from nearest town or city: <b>45-3W</b>				3 Owner of well: <b>DOON DIETZ</b>			
Street address of well location if in city: <b>PRESTON</b>				Address: <b>PRESTON</b>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>64</b> ft. Date of completion <b>6-11-75</b> Well diameter <b>8</b> in.			
N W ——— E S 1 Mile		NE $\frac{1}{4}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$		5 <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			
2		Type and color of material		From		To	
				SAND 0-8		0	8
				CLAY		8	18
				SILTY SAND		18	31
				CLAY		31	47
				FINE SAND		47	53
				MED SAND w/CLAY LARGES		53	64
				6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well			
				7 Casing: Material <b>PVC</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ <b>4</b> in. to <b>64</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth			
				8 Screen: Manufacturer <b>Peerless</b> Type <b>PVC</b> Dia. <b>4"</b> Slot/gauze <b>0.35</b> Length <b>9 1/4</b> Set between <b>56</b> ft. and <b>64</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>3" down</b>			
				9 Static water level: <b>6</b> ft. below land surface Date <b>6-11-74</b>			
				10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>50</b> g.p.m.			
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
				12 Well head completion: <b>24</b> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>0</b> ft. to <b>12</b> ft.			
				14 Nearest source of possible contamination: ft. <b>PERK</b> Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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			
16 Remarks: elevation				17 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>Clyman BROS 140</b> Business name _____ License No. _____ Address <b>612 N. LIFE BL</b> Signed <b>[Signature]</b> Date <b>6-11-75</b> Authorized representative			
				Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5