

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

Hoeme
Harney #1 B

1. Location of well: County <u>Pratt Co.</u> Fraction <u>C. S. 1/4 SE NW</u> Section number <u>17</u> Township number <u>T 27 S</u> Range number <u>R 12 W E 10</u>	
2. Distance and direction from nearest town or city: <u>1 east 1/2 south</u> Street address of well location if in city: <u>Wichita</u>	
3. Owner of well: <u>D. R. Lauck</u> R.R. or street: <u>Wichita Kansas</u> City, state, zip code:	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <p>1 Mile</p> </div> </div>	
5. Type and color of material	
	From To
<u>Clay</u>	<u>0 30</u>
<u>Sandy clay</u>	<u>30 40</u>
<u>Sand</u>	<u>40 55</u>
<u>Gravel</u>	<u>55 75</u>
6. Bore hole dia. <u>5.0</u> in. Completion date <u>3-2-78</u> Well depth <u>75</u> ft.	
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 <u>Plastic</u> Height: <input checked="" type="checkbox"/> Above <input type="checkbox"/> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2000</u> lbs./ft. Dia. <u>5</u> in. to <u>75</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <u>200</u>	
10. Screen: Manufacturer's name <u>Self-made</u> Type <u>UPVC</u> Dia. <u>5</u> Slot gauge <u>5</u> Length <u>20</u> Set between <u>55</u> ft. and <u>75</u> ft. Gravel pack <u>yes</u> Size range of material <u>1/4 - 1/2</u>	
11. Static water level: <u>40</u> ft. below land surface Date <u>3-2-78</u> mo./day/yr.	
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ 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? <u>yes</u> With: <input type="checkbox"/> Neat cement <input checked="" 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. _____ Direction _____ Type _____ Well disinfected upon completion? <input 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: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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. <u>Myers Water Well</u> Business name _____ License No. _____ Address <u>St Bend Ks 143</u> Signed <u>A Myers</u> Date <u>3-2-78</u> Authorized representative	

T 27 S R 12 W E 10
Sec 17 5/4 SE NW

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

Form WWC-5