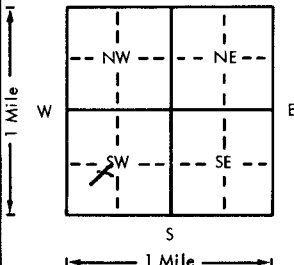


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

Mass A. Lusk

1. Location of well:	County: <i>Pratt</i>	Fraction: <i>NE 1/4 SW 1/4 SW 1/4</i>	Section number: <i>21</i>	Township number: <i>T 27 S</i>	Range number: <i>R 12 W E/W</i>												
2. Distance and direction from nearest town or city: <i>2 1/2 south 1/2 east atona</i>			3. Owner of well: <i>D. R. Louch</i> R.R. or street: <i>Wichita Kansas</i> City, state, zip code:														
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <i>8</i> in. Completion date: <i>7-18-77</i> Well depth <i>75</i> ft.														
5. Type and color of material			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														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;"><i>Clay</i></td> <td style="text-align:center;"><i>0</i></td> <td style="text-align:center;"><i>15</i></td> </tr> <tr> <td style="text-align:center;"><i>Sand</i></td> <td style="text-align:center;"><i>15</i></td> <td style="text-align:center;"><i>55</i></td> </tr> <tr> <td style="text-align:center;"><i>Gravel</i></td> <td style="text-align:center;"><i>55</i></td> <td style="text-align:center;"><i>75</i></td> </tr> </tbody> </table>				From	To	<i>Clay</i>	<i>0</i>	<i>15</i>	<i>Sand</i>	<i>15</i>	<i>55</i>	<i>Gravel</i>	<i>55</i>	<i>75</i>	9. Casing: Material: <i>Plastic</i> Height: <i>60</i> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight: <i>297.3</i> lbs./ft. Dia. <i>5</i> in. to <i>75</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <i>200</i>		
				From	To												
<i>Clay</i>	<i>0</i>	<i>15</i>															
<i>Sand</i>	<i>15</i>	<i>55</i>															
<i>Gravel</i>	<i>55</i>	<i>75</i>															
			10. Screen: Manufacturer's name: <i>Self made</i> Type: <i>PVC</i> Dia. <i>5</i> Slot gauge: <i>1/8</i> Length <i>20</i> Set between <i>55</i> ft. and <i>75</i> ft. ft. and <input type="checkbox"/> ft. Gravel pack <i>yes</i> Size range of material: <i>1/4 - 1/2</i>														
			11. Static water level: <input type="checkbox"/> mo./day/yr. <i>40</i> ft. below land surface Date: <i>7-18-77</i>														
			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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____														
			14. Well head completion: <input type="checkbox"/> Pitless adapter ____ Inches above grade														
			15. Well grouted? <i>yes</i> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> 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														
18. Elevation:			19. Remarks:														
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			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. <i>Myers Water Well</i> Business name: <i>At Bend, Mo 643</i> License No. ____ Address: <i>At Bend, Mo 643</i> Signed: <i>A Myers</i> Date: <i>7-18-77</i> Authorized representative														

T
R
S
E/W
121
12
21
NE SW SE
1/4 1/4 1/4 1/4

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

Form WWC-5