

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

Sinclair #1

1. Location of well:	County: <i>Pratt</i>	Fraction: <i>SW 1/4 NE SW 1/4</i>	Section number: <i>25</i>	Township number: <i>T 27 S</i>	Range number: <i>R 12 W</i>
2. Distance and direction from nearest town or city: <i>1 west 1 1/2 north</i>			3. Owner of well: <i>D. R. Lauch oil Co</i>		
Street address of well location if in city: <i>Pratt</i>			R.R. or street: <i>Wichita Kansas</i>		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			6. Bore hole dia. <i>7</i> in. Completion date: <i>7-1-77</i> Well depth <i>75</i> 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		
5. Type and color of material			9. Casing: Material: <i>Plastic</i> Height: <i>Above</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>187.3</i> lbs./ft. Dia. <i>4</i> in. to <i>75</i> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth gage _____		
			10. Screen: Manufacturer's name: <i>Self made</i> Type: <i>PVC</i> Dia. <i>4</i> Slot gauge: <i>1/8</i> Length: <i>20</i> Set between <i>55</i> ft. and <i>75</i> ft. ft. and _____ ft. Gravel pack? <i>yes</i> Size range of material: <i>3/8 - 1/4</i>		
			11. Static water level: _____ mo./day/yr. <i>16</i> ft. below land surface Date: <i>7-1-77</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: _____ mo./day/yr. <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		
			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: _____ License No. _____ Address: <i>St Bend Ks 143</i> Signed: <i>Alfred A Myers</i> Authorized representative		
18. Elevation:	19. Remarks:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

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27
12W
25
SW NE SW

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

Form WWC-5