

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>SE 1/4 SE 1/4 SW 1/4</b>	Section number <b>28</b>	Township number <b>T 27S</b>	Range number <b>S R 12</b>	<b>X/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:				
2. Distance and direction from nearest town or city: <b>5 1/2 E &amp; 1 N of Pratt</b>			3. Owner of well: <b>Lee Lunt</b>		<b>Pratt, Kansas 67124</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>10</u> in. Completion date <u>7 Sept 77</u> Well depth <u>50</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			
5. Type and color of material		From	To	8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
Soil		0	2	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>30</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>			
Sand, fine and silty		2	6	10. Screen: Manufacturer's name _____ Type <u>Sand slot</u> Dia. <u>5</u> Slot/gauze <u>1/8</u> Length <u>20'</u> Set between <u>30</u> ft. and <u>50</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4x4</u>			
Clay, gray		6	16	11. Static water level: _____ mo./day/yr. <u>14</u> ft. below land surface Date <u>7 Sept 77</u>			
Sand, coarse and med. to coarse gravel		16	21	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</u> g.p.m.			
Sand, med. to coarse and med. to coarse gravel		21	51	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____			
Sand, fine to coarse with brown clay		51	57	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> Inches above grade			
Clay, yellow		57	60	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>4</u> ft. to <u>14</u> ft.			
				16. Nearest source of possible contamination: ft. <u>80</u> Direction <u>East</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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 _____ Turbine _____ <input type="checkbox"/> Jet _____ Reciprocating _____ <input type="checkbox"/> Centrifugal _____ 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. <u>Central Well &amp; Pump Svc. 325</u> Business name License No. Address <u>121 S. Taylor Pratt, Ks.</u> Signed <u>William Smith</u> Date <u>7 Sept 77</u> Authorized representative			
18. Elevation:		19. Remarks:					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<b>4'x4'x4" slab below pit adapter</b>					

T 27 S  
 R 12 W  
 SE 1/4  
 SE 1/4  
 SW 1/4

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

Form WWC-5