

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 <u>Pratt</u> Fraction <u>SE 1/4 NW 1/4 NE 1/4</u> Section number <u>32</u> Township number <u>T 27 S</u> Range number <u>S R 12 W</u> E/W																
2. Distance and direction from nearest town or city: <u>3 3/4 east Pratt to north</u> Street address of well location if in city: _____																
3. Owner of well: <u>DR Land Oil Co.</u> R.R. or street: _____ City, state, zip code: <u>Wichita, Kansas</u>																
4. Locate with "X" in section below: Sketch map: 	6. Bore hole dia. <u>5</u> in. Completion date <u>10-24-77</u> Well depth <u>87</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>Steel</u> Height: <u>Above</u> or below Threaded <u>Yes</u> Surface <u>1 1/2</u> in. RMP <u>PVC</u> Weight <u>287.3</u> lbs./ft. Dia. <u>5</u> in. to <u>87</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>265</u>																
5. Type and color of material	10. Screen: Manufacturer's name <u>Samp Made</u> Type <u>Samp</u> Dia. <u>5</u> Slot/gauze <u>Slot 5"</u> Length <u>20</u> Set between <u>67</u> ft. and <u>87</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>5-1/4</u>															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td><u>Silty</u></td> <td><u>0</u></td> <td><u>40</u></td> </tr> <tr> <td><u>Fine Sand - Clay</u></td> <td><u>40</u></td> <td><u>60</u></td> </tr> <tr> <td><u>Clay</u></td> <td><u>60</u></td> <td><u>65</u></td> </tr> <tr> <td><u>g. Sand</u></td> <td><u>65</u></td> <td><u>87</u></td> </tr> </tbody> </table>		From	To	<u>Silty</u>	<u>0</u>	<u>40</u>	<u>Fine Sand - Clay</u>	<u>40</u>	<u>60</u>	<u>Clay</u>	<u>60</u>	<u>65</u>	<u>g. Sand</u>	<u>65</u>	<u>87</u>	11. Static water level: _____ mo./day/yr. <u>34</u> ft. below land surface Date <u>10-24-77</u>
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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 <u>12</u> inches above grade																
15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>2</u> ft. to <u>10</u> ft.																
16. Nearest source of possible contamination: <u>None</u> 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 checked="" type="checkbox"/> Hill <input 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>Mace Will Jones</u> Business name _____ License No. <u>143</u> Address <u>General Bond</u> Signed <u>[Signature]</u> Date <u>10-24-77</u> Authorized representative															

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

Form WWC-5

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 SE NW NE