

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>SW 1/4 NE 1/4 NW 1/4</b>	Section number <b>5</b>	Township number <b>T 27 S R 13 W E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>1 1/2 W OF IUKA</b>				3. Owner of well: <b>ELWOOD MCGUIRE</b>		
Street address of well location if in city:				R.R. or street: <b>816 W. 6TH</b>		
				City, state, zip code: <b>PRATT, KS 67124</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>30</b> in. Completion date _____ Well depth <b>156</b> ft. <b>31 AUG 76</b>		
				7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
5. Type and color of material				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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		
				9. Casing: Material <b>STL</b> Height: <b>(Above)</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>16</b> in. to <b>103</b> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <b>0188</b>		
				10. Screen: Manufacturer's name _____ <b>W.A. BROWN</b> Type <b>FRSFL</b> Dia. <b>16</b> Strap gauge <b>1/8</b> Length <b>40</b> Set between <b>103</b> ft. and <b>115</b> ft. <b>128</b> ft. and <b>156</b> ft. Gravel pack? <b>Yes</b> Size range of material <b>1/2 - 1/8</b>		
				11. Static water level: _____ mo./day/yr. <b>72</b> ft. below land surface Date <b>31 AUG 76</b>		
				12. Pumping level below land surfaces: <b>40</b> ft. after <b>1</b> hrs. pumping <b>857</b> g.p.m. <b>98</b> ft. after <b>1/2</b> hrs. pumping <b>1209</b> g.p.m. Estimated maximum yield <b>1500</b> 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? <b>Yes</b> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type <b>NONE</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <b>FLOWAY</b> Model number <b>12 DOL</b> HP _____ Volts _____ Length of drop pipe <b>120</b> ft. capacity <b>800</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<b>A 5' X 10' CONCRETE PAD WAS POURED AT SURFACE</b>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>CENTRAL Well &amp; Pump 325</b> Business name License No. Address <b>121 S. TAYLOR, PRATT, KS</b> Signed <b>Phononmick</b> Date _____ Authorized representative		

27  
 13  
 5  
 Sec 5  
 SW NE NW  
 1/4 1/4 1/4

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

Form WWC-5