

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Pratt	Township name Iuka	Fraction SE 1/4 SE 1/4 NE 1/4	Section number 6	Town number 27	Range number 13				
Distance and direction from nearest town or city: 2W - Iuka			3 Owner of well: Dale Mott							
Street address of well location if in city:			Address: Iuka, Kansas							
Locate with "X" in section below:		Sketch map:		4 Well depth: 86 ft. Date of completion: 3-31-75 Well diameter 10 in.						
				5 <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						
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>						
2		Type and color of material		From		To		7 Casing: Material RMP Height: above /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 6 1/2 Weight 200 lbs./ft. 86 5 in. to 86 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
								8 Screen: Manufacturer Jess & Lowell Type RMP Dia. 5" Slot/gauze 3/16 Length 10' Set between 76 ft. and 86 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4 to 3/8		
								9 Static water level: 48 ft. below land surface Date 3-31-75		
								10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 100 g.p.m.		
								11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
								12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade 12"		
								13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> 94lb. Portland Depth: From 4 ft. to 14 ft.		
								14 Nearest source of possible contamination: ft. 50 Direction NE Type Ceptic Tank Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
								15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Montgomery Ward Model number No No. HP 1/2 Volts 230 Length of drop pipe 60 ft. capacity 15 g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
								16 Remarks: elevation slopes to draw west of location		
								17 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. Hank Bruce Well Ser. 103 Business name _____ License No. _____ Address 117 Stout Pratt Signed John Bruce Date 6-29-75 Authorized representative		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5