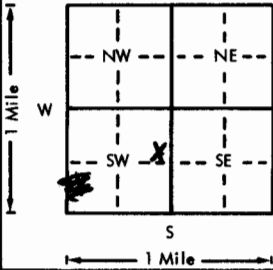


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

# Logging Report

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 NE 1/4 SW 1/4</u>   | Section number <u>26</u> | Township number <u>T 27 S</u>  | Range number <u>R 13 S</u> |  |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city:  |  | 3. Owner of well: <u>DANNY WITHERS</u><br>R.R. or street: <u>315 S. PARK</u><br>City, state, zip code: <u>PRATT KAN 67124</u>  |                          |  |                            |  |
| 4. Locate with "X" in section below:<br>N<br>W<br>E<br>S<br>1 Mile   |  | Sketch map:<br>  |                          | 6. Bore hole dia. <u>4</u> in. Completion date _____<br>Well depth <u>105</u> ft.  |                            |  |
| 5. Type and color of material  |  | From   | To                       | 7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary  |                            |  |
| <u>Dirt</u>  |  | <u>5</u>   | <u>10</u>                | 8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                                       |                            |  |
| <u>sand</u>  |  | <u>10</u>  | <u>41</u>                | 9. Casing: Material _____ Height: Above or below<br>Threaded _____ Welded _____ Surface <u>#24</u> in.<br>RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.<br>Dia. <u>4</u> in. to <u>10.5</u> ft. depth Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth gage No. _____  |                            |  |
| <u>Gravy Clay</u>  |  | <u>41</u>  | <u>45</u>                | 10. Screen: Manufacturer's name _____<br>Type _____ Dia. _____<br>Slot/gauze _____ Length _____<br>Set between _____ ft. and _____ ft.<br>Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>5 to 10</u>   |                            |  |
| <u>Sand</u>  |  | <u>45</u>  | <u>90</u>                | 11. Static water level: _____ mo./day/yr.<br><u>85</u> ft. below land surface Date _____   |                            |  |
| <u>Gravel</u>  |  | <u>90</u>  | <u>105</u>               | 12. Pumping level below land surfaces:<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield _____ g.p.m.   |                            |  |
|  |  |  |                          | 13. Water sample submitted: _____ mo./day/yr.<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____  |                            |  |
|  |  |  |                          | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter _____ Inches above grade   |                            |  |
|  |  |  |                          | 15. Well grouted? _____<br>With: _____ Neat cement _____ Bentonite _____ Concrete _____<br>Depth: From _____ ft. to _____ ft.  |                            |  |
|  |  |  |                          | 16. Nearest source of possible contamination:<br>ft. <u>1800</u> Direction _____ Type <u>DAIRY</u><br>Well disinfected upon completion? _____ Yes _____ No   |                            |  |
|  |  |  |                          | 17. Pump: _____ Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                            |  |
|  |  |  |                          | (Use a second sheet if needed)   |                            |  |
| 18. Elevation:<br>Topography: <input checked="" type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley |  | 19. Remarks: <u>THIS WELL WAS CONDEMNED BY THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT - DIVISION OF ENVIRONMENT (WATER WELL CONTRACTORS). CONDEMNED BY STERILIZED GRAVEL IN WATER TABLE, CLAY TO 3' FROM SURFACE, 3' OF CEMENT PLUG</u> |                          | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br>Business name _____ License No. _____<br>Address <u>414 S. 17th St. Pratt, Kan</u><br>Signed <u>Jimmie M. Varial</u> Date <u>7-1-76</u><br>Authorized representative  |                            |  |

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

Form WWC-5