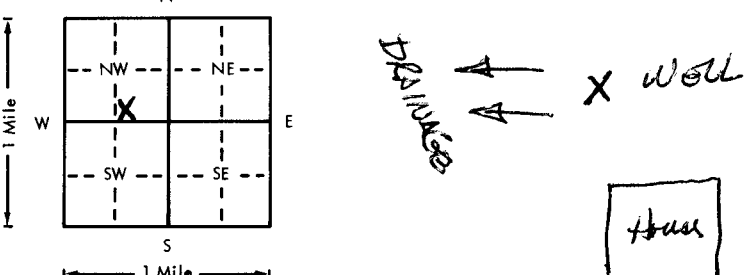


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 SE 1/4 NW 1/4</b>	Section number <b>34</b>	Township number T <b>27</b> S	Range number R <b>13 W</b> E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>504 MAPLE PRATT, KS</b>			3. Owner of well: <b>Bill Starrett</b> R.R. or street: <b>504 Maple</b> City, state, zip code: <b>Pratt, Kansas 67124</b>			
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <b>10</b> in. Completion date <b>17 Aug 79</b> Well depth <b>90</b> ft.			
5. Type and color of material			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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
From To			9. Casing: Material _____ Height <u>Above</u> or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>70</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>200</b>			
			10. Screen: Manufacturer's name <b>MODERN</b> Type <b>SLOT</b> Dia. <b>5"</b> Slot/gauze <b>1/16</b> Length <b>20'</b> Set between <b>70</b> ft. and <b>90</b> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <b>1/4 X 3/8</b>			
Top soil			11. Static water level: _____ mo./day/yr. <b>56</b> ft. below land surface Date <b>17 Aug 79</b>			
Clay, tan and caliche			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>70</b> g.p.m.			
Sand, fine to coarse and medimn gravel			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			
Clay, tan			14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade			
Sand, fine to coarse and fine gravel			15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.			
Sand, fine to coarse and coarse gravel			16. Nearest source of possible contamination: ft. <b>140</b> Direction <b>South</b> Type <b>sewer</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Clay, tan			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)			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. <b>Central Well &amp; Pump Inc. 325</b> Business name License No. _____ Address <b>P.O. Box 1032 Pratt, Kansas</b> Signed <b>Bob Hornmichl</b> Date <b>OCT 79</b> Authorized representative			
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

27 130 34 SW SE NW  
R 1/4 1/4 1/4

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

Form WWC-5