

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>1/4 1/4 CSE 1/4</b>	Section number <b>3</b>	Township number <b>T 27 S</b>	Range number <b>R 14 E W</b>		
2. Distance and direction from nearest town or city: <b>6 1/2 mi. West of Iuka, KS</b> Street address of well location if in city:				3. Owner of well: <b>Irrigated Properties (Lewis)</b> R.R. or street: <b>c/o Bob Matoesek, Star Route</b> City, state, zip code: <b>Pratt, KS 67124</b>				
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W E S 1 Mile</div> Sketch map:				6. Bore hole dia. <b>24</b> in. Completion date <b>10-24-</b> Well depth <b>135</b> ft.				
5. Type and color of material				From	To			
				<b>Sand</b>		0	7	
				<b>Brown clay</b>		7	38	
				<b>Sand &amp; clay <del>XXXX</del> streaks</b>		38	50	
				<b>Sand &amp; gravel</b>		50	83	
				<b>Brown &amp; white clay &amp; limestone</b>		83	99	
				<b>Sand &amp; gravel</b>		99	135	
10. Screen: Manufacturer's name <b>Doerr</b>				Type <b>Double-slot</b> Dia. <b>16"</b>				
				Slot gauze <b>1/8</b> Length <b>60'</b>				
				Set between <b>75</b> ft. and <b>135</b> ft.				
				Gravel pack? <b>Yes</b> Size range of material <b>3/8-200</b>				
11. Static water level:				mo./day/yr. <b>37</b> ft. below land surface Date <b>10-24-75</b>				
12. Pumping level below land surfaces:				N/C				
				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.				
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date				
14. Well head completion:				Pitless adapter <b>12</b> inches above grade				
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.				
16. Nearest source of possible contamination:				NONE KNOWN				
				ft. Direction Type				
Well disinfected upon completion?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
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				
18. Elevation:		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. <b>Clarke Well &amp; Eq., Inc.</b> <b>185</b> Business name License No. Address <b>Great Bend, KS</b> Signed <b>D.W. Clarke</b> Date <b>10-2</b> Authorized representative				

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

Form WWC-5

MI-1023