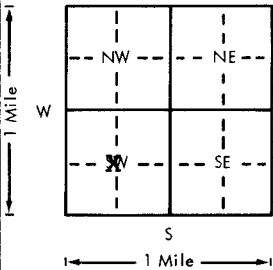


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>Center</b> 1/4 1/4 SW 1/4	Section number <b>20</b>	Township number <b>T 27 S R 14 E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>3 1/2 miles NE of Cullison, KS</b> Street address of well location if in city:			3. Owner of well: <b>Great Plains Cattle Co.</b> R.R. or street: <b>c/o Kenneth Maechtlen</b> Box <b>2281</b> City, state, zip code: <b>Wichita, KS 67201</b>		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <b>24</b> in. Completion date <b>11-21-77</b> Well depth <b>180</b> ft.
Top soil and sand			0	13	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
Brown & gray clay with fine sand streaks			13	117	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
Sand & gravel & clay streaks			117	125	9. Casing: Material <b>steel</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 <b>30.3</b> lbs./ft. Dia. <b>16</b> in. to <b>120</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>7 ga.</b>
Sand & gravel & clay streak at 145'			125	177	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>120</b> ft. and <b>180</b> ft. ft. and ft. Gravel pack? <b>yes</b> Size range of material <b>3/8-200</b>
Gray clay			177	180	11. Static water level: <b>52'6"</b> ft. below land surface Date <b>11-21-77</b> mo./day/yr.
					12. Pumping level below land surfaces: <b>N/C</b> ft. after hrs. pumping g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield g.p.m.
					13. Water sample submitted: <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date
					14. Well head completion: <input type="checkbox"/> 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: <b>FIELD</b> ft. Direction Type Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					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)					
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:  <b>This report is late due to waiting for pump to be set and one was not set.</b>		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. 185</b> Business name License No. Address <b>Great Bend, KS 67530</b> Signed <b>[Signature]</b> Date <b>6-13-78</b> Authorized representative		

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

Form WWC-5