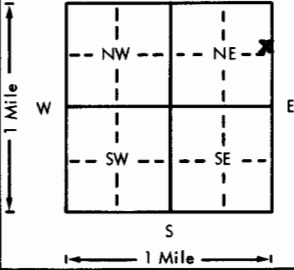


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Pratt | Fraction SE 1/4 NE 1/4 NE 1/4 | Section number 3 | Township number T 27 S R 15 E | Range number 15 E |
| 2. Distance and direction from nearest town or city: 8 miles Southwest of Byers, KS Street address of well location if in city: | | | 3. Owner of well: Ivan Stotts (?) R.R. or street: City, state, zip code: Byers, KS 67021 | | |
| 4. Locate with "X" in section below: N 1 Mile W E S 1 Mile | | | Sketch map:  | | |
| 5. Type and color of material | | | 6. Bore hole dia. <u>24</u> in. Completion date <u>2-16</u> Well depth <u>120</u> ft. | | |
| | | | 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 | | |
| | | | 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 | | |
| | | | 9. Casing: Material <u>steel</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>30.3</u> lbs./ft. Dia. <u>16</u> in. to <u>80</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>80</u> ft. depth gage No. <u>7 ga.</u> | | |
| | | | 10. Screen: Manufacturer's name <u>Doerr</u> Type <u>Double-slot</u> Dia. <u>16"</u> <input checked="" type="checkbox"/> Slot gauze <u>1/8</u> Length <u>40'</u> Set between <u>80</u> ft. and <u>120</u> ft. ft. and <u>120</u> ft. Gravel pack? <u>yes</u> Size range of material <u>3/8-200</u> | | |
| | | | 11. Static water level: <u>19</u> ft. below land surface Date <u>2-1-77</u> mo./day/yr. | | |
| | | | 12. Pumping level below land surfaces: <u>N/C</u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m. | | |
| | | | 13. Water sample submitted: <u> </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u> | | |
| | | | 14. Well head completion: <u> </u> Pitless adapter <u>12</u> inches above grade | | |
| | | | 15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft. | | |
| | | | 16. Nearest source of possible contamination: <u>NONE KNOWN</u> ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <u> </u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| | | | 17. Pump: <u> </u> Not installed Manufacturer's name <u>Peerless Pump</u> Model number <u>12LB-3</u> HP <u>80</u> Volts <u>---</u> Length of drop pipe <u>70</u> ft. capacity <u>900</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | | |
| | | | 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. Clarke Well & Equip. Inc. 185 Business name <u>Great Bend, KS 67530</u> License No. <u> </u> Address <u> </u> Signed <u> </u> Date <u>2-23-77</u> Authorized representative | | |
| 18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | 19. Remarks: (Use a second sheet if needed) | | | |

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

Form WWC-5