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

WATER WELL RECORD KSA 82a-1201-1215

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T	R	EW	sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health (Water Well Contractors) Forbes–Bldg. 740 Topeka, Kansas 66620

										_	
	County	Township name	Fraction		Section number			Town number	Range number		
1 Location of well:	Pratt	McClellan	NW of	W of NW		13		T27S	R15W		
Street address of well location if in city: Address:						Irri	rigated Properties				
						Pratt, Kansas					
Locate with "X" in section below: Sketch map: N								Well depth: $\underline{70}$ ft. Date of completion $\underline{6-2}$ -Well diameter $\underline{9}$ in.			
<u>x</u> _				5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary							
W							6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well				
								7 Casing: Materiab LYTE ght: above below Threaded			
2 Type and color of material From						То		_ in. to ft. depth	rive shoe? Yes XNo		
Sandy top soil					0	5	8 Screen: Manufacturer Jess & Lowell TypeStyrene 200 Dia. 5"				
Brown & gra	ay clay & 🖈	sand streak	3		5	50	Slot)gauze				
Sand & gra	vel				50	70		ings: vel pack 🔀 Yes 🗌 No S	ize range of material	200	
<u></u>								ic water level: ft. below land surface	Date <u>6–2–</u> 75	Ì	
								ping level below land surfa ft. after hrs.		}	
								ft. after hrs.	pumping g.p.m.		
							11 Wat	er sample submitted: Yes 🛭 No Date			
							12 Wel	l head completion:	Inches above grade		
							\mathbf{x}	I grouted? X Yes [Neat cement Bentonity th: From ft. to	□ No • □ LO ft		
							14 Nec	tamination:			
								ion? X Yes No			
								15 Pump: X Not installed Manufacturer's name			
								del number Hi gth of drop pipe ft			
					-		Тур	_	Turbine		
	(use	a second sheet if needed)					=	Jet Certrifugal	Reciprocating Other		
16 Remarks: elevati	ion							er well contractor's certific well was drilled under my			
Topography:							repo	ort is true to the best of my	knowledge and belief.		
□ніп							Busi	ce Well & Fq.,	Tnc. 185 License No.		
☐ Slope ☐ Upland ☐ Valley								Address Great Bend, KS Signed Authorized representative			

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5