

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 <u>Pratt</u>	Fraction <u>CSE</u> 1/4 1/4 1/4	Section number <u>28</u>	Township number <u>27</u> T 27 S	Range number <u>15</u> R 15 E/W
2. Distance and direction from nearest town or city: <u>3 W 2 1/2 N Collison</u> Street address of well location if in city:			3. Owner of well: <u>Clyde Adams</u> R.R. or street: <u>RE. 2</u> City, state, zip code: <u>Haviland, Ks.</u>		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 6. Bore hole dia. <u>2 1/2</u> in. Completion date <u>11-18-75</u> Well depth <u>150</u> ft. 7. 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 type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other 9. Casing: Material <u>Steel</u> Height: <u>above</u> or <u>below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>1 1/2</u> in. to <u>150</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>7</u>		
5. Type and color of material			From	To	10. Screen: Manufacturer's name <u>Dorrs</u> Type <u>Steel</u> Dia. <u>1 1/2</u> Slot/gauze <u>3/16</u> Length <u>60</u> Set between <u>90</u> ft. and <u>150</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 3/4 5/8</u>
<u>Sandy Top Soil</u>			<u>0</u>	<u>3</u>	11. Static water level: <u>36</u> ft. below land surface Date <u>8-4-75</u>
<u>Green Clay</u>			<u>3</u>	<u>23</u>	12. Pumping level below land surfaces: <u>36</u> ft. after <u>1</u> hrs. pumping <u>1200</u> g.p.m. <u>    </u> ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m. Estimated maximum yield <u>1300</u> g.p.m.
<u>Brown Clay fine sand mixed</u>			<u>23</u>	<u>50</u>	13. Water sample submitted: <u>    </u> mo./day/yr. <u>    </u> Yes <u>    </u> No Date <u>    </u>
<u>Sand &amp; Gravel</u>			<u>50</u>	<u>98</u>	14. Well head completion: <u>    </u> Pitless adapter <u>    </u> Inches above grade
<u>Sandy Red Clay</u>			<u>98</u>	<u>103</u>	15. Well grouted? <input checked="" type="checkbox"/> With: <u>    </u> Neat cement <u>    </u> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
<u>Sand <del>Brown Clay</del> Gravel</u>			<u>103</u>	<u>106</u>	16. Nearest source of possible contamination: ft. <u>3/4 m</u> Direction <u>NW</u> Type <u>Feed yard</u> Well disinfected upon completion? <u>    </u> Yes <u>    </u> No
<u>Sandy Red Clay</u>			<u>106</u>	<u>108</u>	17. Pump: <u>    </u> Not installed Manufacturer's name <u>WLR</u> Model number <u>3C12</u> HP <u>50</u> Volts <u>    </u> Length of drop pipe <u>85</u> ft. capacity <u>1200</u> g.p.m. Type: <u>    </u> Submersible <input checked="" type="checkbox"/> Turbine <u>    </u> Jet <u>    </u> Reciprocating <u>    </u> Centrifugal <u>    </u> Other
<u>Sand &amp; Gravel</u>			<u>108</u>	<u>148</u>	
<u>Clay</u>			<u>148</u>	<u>150</u>	
(Use a second sheet if needed)					
18. Elevation:	19. Remarks:				
Topography: <u>    </u> Hill <u>    </u> Slope <u>    </u> Upland <u>    </u> Valley	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. <u>Rosenkrantz - Bemis</u> 134 Business name License No. Address <u>Great Bend, Ks</u> Signed <u>Freda Adams</u> Date <u>9/30/76</u> Authorized representative				

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

Form WWC-5