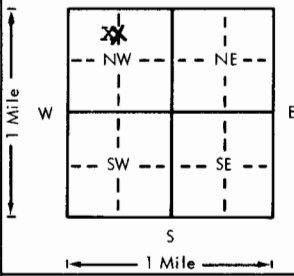


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 ec 1/4 nw 1/4nw 1/4	Section number 1	Township number T 28 S R 11	Range number 11
2. Distance and direction from nearest town or city: 4-E of cairo, ks. Street address of well location if in city:			3. Owner of well: Northern Natural Gas Co. R.R. or street: Box 178 City, state, zip code: Cunningham, Ks. 67035			
4. Locate with "X" in section below: 			Sketch map:		6. Bore hole dia. 6 3/4 in. Completion date 10-4-78 Well depth 150 ft.	
5. Type and color of material			From	To	7. <input checked="" type="checkbox"/> 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	
top soil			0	2	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 checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other	
clay			2	8	9. Casing: Material pvc Height: Above or xxx Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 4 in. to 150 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. .237	
sand & gravel			8	14	10. Screen: Manufacturer's name CertainTeed Type pvc Dia. <input type="checkbox"/> Slot xxx 1/16 Length 20 Set between 150 ft. and 130 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/4 3/8	
clay			14	21	11. Static water level: <input type="checkbox"/> mo./day/yr. 52 ft. below land surface Date 10-4-78	
sand & gravel w/ clay streaks			21	114	12. Pumping level below land surfaces: na <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.	
clay			114	124	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
sand & gravel			124	149	14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
red bed			149	150	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
(Use a second sheet if needed)					16. Nearest source of possible contamination: ft. 75 Direction nw Type oilwell Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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. Rosencrantz-Bemis 134 Business name License No. Address Great Bend, Kansas 67530 Signed Sandy K. Ploger Date 12-18 Authorized representative		

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

Form WWC-5