## WATER WELL RECORD KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors)
Topeka, Kansas 66620

Pratt  Se 1/4 SW 1/4 Se 1/4  2. Distance and direction from nearest town or city:  3. Owner of well:  Northern Natural Gas Co.  R.R. or street:  Box 178  City, state, zip code:  Cunningham, Ks. 67035  6. Bore hole dia. 6 3/m. Completion date	)		Range number	Township number	Section number			Fraction			County			
32-E 1-S 2-W from Cairo, Ks.  Street address of well location if in city:  R.R. or street:  City, state, zip code:  Cunningham, Ks. 67035  6. Bore hole dia. 6. 3/H. Completion date		E	R 11	т 28 s		2	1/4	SW 1/4 SE	Se 1/4	ratt		1. Location of well:		
Street address of well location if in city:  City, state, zip code: Cunningham, Ks. 67035  4. Locate with "X" in section below:  N  Sketch map:  One well depth 1/40 ft. 10-2-78  7 Cable tool X Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary					1		V a							
4. Locate with "X" in section below:  Sketch map:  6. Bore hole dia. 6 3/Hr. Completion date  Well depth							1		<i>N</i> 5•					
Well depth 140 ft. 10-2-78		ite	Joue: U	idie, zip i	City, s		Sketch map:	low:	in section	4. Locate with "X"				
NW NE Hollow rod Jetted Bored Reverse rotary														
S W I I I I I I I I I I I I I I I I I I			}						NE -	NW				
								Е		w				
LawnXOil field water Other			-						SE _	sw				
7. Casing: Material <u>DVC.</u> Height: Above or <b>Jaco</b> Threaded Surface 18in.		9. Casing: Material DVC Height: Above or New Inc.									χİ			
Threaded Welded Surface 18 in. $RMP = PVC \times Weight = lbs./ft.$		lbs./ft.	Weight	RMPPVC_X		S								
5. Type and color of material  Dia. 4 in. to 140t. depth Wall Thickness: inches or Dia. in. toft. depth lyage No237					To	From								
10. Screen: Manufacturer's name			ame	10. Screen: Manufacturer's r		1.0						3. Type and dotor o		
top soil 0 2 CertainTeed Type Dvc Dia.					2	0					il	top soi		
Slot/ <b>35634 1/16</b> Length 20			Length	Slot/8688 1/16	13	2						_		
		ft.									CMO V			
Graver pack? === 3rze runge or materials // == 3/10		, , , ,	nge of materia	****	41	رــ ا					grave	Sand &		
white clay  41 44 11. Static water level: mo./day/yr.  42 43 ft. below land surface Date 10-2-78			face Date 10		44	41					lay	white o		
sand & gravel 44 53 12. Pumping level below land surfaces: na		12. Pumping level below land surfaces:  ft. after hrs. pumping g.p.m ft. after hrs. pumping g.p.m.				44					grave	sand &		
						53						clay		
Estimated maximum yieldg.p.m.										The state of the s		- 3		
Yes X No Date							clay							
sand & gravel w/hard streaks 82 140 14. Well head completion:						82		· · · · · · · · · · · · · · · · · · ·	aks	w/hard stre	grave	sand &		
red bed 140 143 Pitless adapter Inches above grade 15. Well grouted? X		bove grade	Inches a		143	140					1	red bed		
With: X Neat cement Bentonite Concrete	٦١٧	Concrete	Bentonite	With: X Neat cement										
Depth: From Oft. to 10 ft.	$\wp$				$\neg \neg$	<u> </u>								
16. Nearest source of possible contamination: ft. 75 Direction ne Type oil well		oilwell	Туре	ft. 75 Direction nu										
Well disinfected upon completion? <u>hth</u> Yes No	-													
17. Pump: X Not installed  Manufacturer's name	" i—	lled	Not insta	•										
Model number         HP         Volts           Length of drop pipe         ft. capacity         g.p.m.	(≷)m													
Type:	O.	g.p.m.	_ п. сараспу.	- , , ,										
	1													
(Use a second sheet if needed) Centrifugal Other	δ <b>()</b> ,			******				)	eet if needed	(Use a second st	T			
	, <b> </b>	d ab:								:	19. Rema	18. Elevation:		
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	_ \C	·	•											
Topography:  Hill  Rosencrantz—Bemis 13/4 Business name License No.	<b>7</b>    <del>2</del>		nis											
Slope  Slope  Address Great Bend, Ks. 67530	<b>≱</b>  ≨	7530	Ks. 6	Address Great Bend										
Upland	م اج	6 <sub>dre</sub> 1-8-7	esentative	Signed Authorized Fee										
Forward the white, blue and pink copies to the Department of Health and Environment  Form WWC-5	~ <b>(6)</b>	n WWC- <b>5</b>						Environment	of Health and	opies to the Department	ue and pin			