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

WATER WELL RECORD
KSA 82a-1201-1215

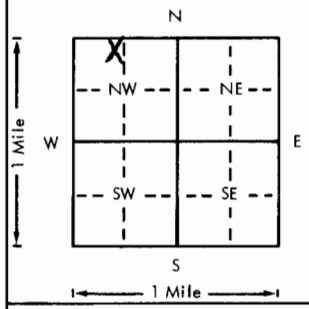
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	PRATT	NE 1/4 NW 1/4 NW 1/4	6	T 28 S	R 11 W E/W

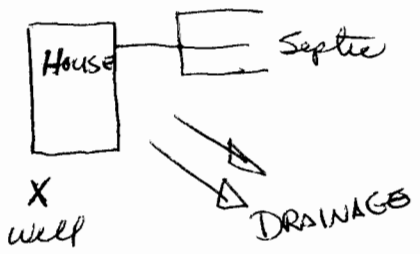
2. Distance and direction from nearest town or city: 1 W OF
Street address of well location if in city: CAIRO, KS

3. Owner of well: DARROLL ROSENBAUM
R.R. or street:
City, state, zip code: PRATT, KS.

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 10 in. Completion date
Well depth 100 ft. 3 apr. 79

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material ____ Height (Above) or below
Threaded ____ Welded ____ Surface 12 in.
RMP ____ PVC X Weight ____ lbs./ft.
Dia. 5 in. to 70 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 258

5. Type and color of material	From	To
Soil,	0	3
Clay, brown	3	15
Sand, fine	15	25
Sand, fine to med	25	40
Sand, fine & fine gravel	40	90
Clay, brown	90	96
Sand, med & med gravel	96	100

(Use a second sheet if needed)

10. Screen: Manufacturer's name Perfesa
Type Saw slot Dia. 5"
Slot/gauze 1/8 Length 30'
Set between 70 ft. and 100 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material 1/8 x 1/4

11. Static water level: mo./day/yr.
17 ft. below land surface Date 3 apr 79

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 70 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date ____

14. Well head completion:
X Pitless adapter 12 Inches above grade

15. Well grouted? X
With: X Neat cement ____ Bentonite ____ Concrete
Depth: From 4 ft. to 14 ft.

16. Nearest source of possible contamination:
ft. 90 Direction NE Type Septic
Well disinfected upon completion? X Yes ____ No

17. Pump: Not installed
Manufacturer's name STA-RITE
Model number 20 HP 3/4 Volts ____
Length of drop pipe 60 ft. capacity 20 g.p.m.
Type:
X Submersible ____ Turbine
____ Jet ____ Reciprocating
____ Centrifugal ____ Other

18. Elevation:

Topography:
____ Hill
____ Slope
X Upland
____ Valley

19. Remarks:
4' X 4' X 4" Concrete Slab
Poured below pitless Adapter

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.
Central Well & Pump 325
Business name License No.
Address Box 1032 PRATT KS
Signed [illegible] Date 2 apr 79
Authorized representative

T 28 R 11 (W) E Sec 6 NE 1/4 NW 1/4 NW 1/4

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

Form WWC-5

MI-1023