

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
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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 SE 1/4 SW 1/4 C 1/4 1/4 1/4	Section number 27	Township number T 28 S R 11 W NW	Range number
2. Distance and direction from nearest town or city: 3 miles East of Pratt, Kansas			3. Owner of well: Wayne Sadler - Duderex R.R. or street: Rural Route 1 City, state, zip code: 67578 Stafford, Kansas			
4. Locate with "X" in section below: Sketch map: will. pasture 5 Township Road			6. Bore hole dia. 8 in. Completion date 5-10-77 Well depth 60 ft.			
			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			
5. Type and color of material			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
			9. Casing: Material Pvc Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24" in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 160 lbs./ft. Dia. 5 in. to 60 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 34"			
			10. Screen: Manufacturer's name Johnston Type Pvc Dia. 5 Slot/gauze 1/8 Length 70 Set between 50 ft. and 60 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4			
			11. Static water level: <input type="checkbox"/> mo./day/yr. 30 ft. below land surface Date 5-10-77			
			12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.			
			13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>			
			14. Well head completion: 24" 4 1/2" x 1 1/2" unit <input type="checkbox"/> Pitless adapter <input type="checkbox"/> inches above grade			
			15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 1 ft. to 10 ft.			
			16. Nearest source of possible contamination: PASTURE ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
			17. Pump: <input 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 checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
18. Elevation:			19. Remarks: Concrete slab installed by customer at surface of ground 4x4 slab			
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. Wade Will Seung 226 Business name Wade Will Seung License No. 5707 Address Wade Will Seung Signed Wade Will Seung Date 5-10-77 Authorized representative			

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

Form WWC-5