

USE TYPEWRITER OR BALL
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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 NE 1/4 1/4 1/4	Section number 30	Township number T 28 S R 11	Range number 11
2. Distance and direction from nearest town or city: 4 miles South of Cairo, Kansas Street address of well location if in city:				3. Owner of well: Duane Bush R.R. or street: Cairo, Kansas City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: Well No. 3 (TH 1-75)		6. Bore hole dia. 30 in. Completion date 12/21/75 Well depth 212		
5. Type and color of material		From To		7. Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary		
				8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 Stl Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 36.91 lbs./ft. Dia. 16 in. to 152 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. .219		
				10. Screen: Manufacturer's name Doerr Metal Products Type Stl Dia. 16" Slot/gauze 1/8 Length 60' Set between 130 ft. and 212 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8 X 3/8		
				11. Static water level: 57.6 ft. below land surface Date 12/21/75 mo./day/yr.		
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: (Use a second sheet if needed)		12. Pumping level below land surfaces: <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.		
				13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.		
				14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: ft. 3000 Direction West Type Farm Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: (Use a second sheet if needed)		17. Pump: <input type="checkbox"/> Not installed Manufacturer's name Layne Model number 6770 WL HP 80 Volts — Length of drop pipe 100 ft. capacity 800 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
				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. Layne Western Co. 102 Business name License No. Address Wichita, Kansas Signed [Signature] Date 12/22/75 Authorized representative		

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

Form WWC-5