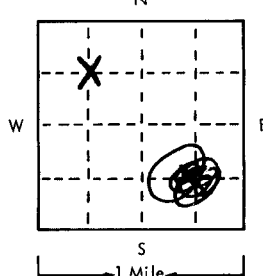


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <u>Pratt</u>	Township name <u>Valley</u>	Fraction <u>CHW 1/4</u>	Section number <u>29</u>	Town number <u>T28S</u>	Range number <u>R11W</u>
Distance and direction from nearest town or city: <u>13 mi. SE PRATT, KS.</u>				3 Owner of well: <u>Don Dietz</u>		
Street address of well location if in city:				Address: <u>Preston, Kansas</u>		
Locate with "X" in section below: 				Sketch map: 4 Well depth: <u>200</u> ft. Date of completion <u>1-16-75</u> Well diameter <u>24</u> in.		
2 Type and color of material				5 <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
				6 Use: <input 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"/> Commercial <input type="checkbox"/> Test well		
From To <u>Top soil</u> 0 4 <u>Sand & gravel</u> 4 18 <u>Brown & white clay & lime streaks</u> 18 44 <u>Sand, gravel & thin clay streaks</u> 44 114 <u>Brown clay & limestone</u> 114 121 <u>Sand, gravel & thin clay streak at 123'</u> 121 170 <u>Brown clay & limestone</u> 170 188 <u>Sand & gravel</u> 188 200				7 Casing: Material <u>Steel</u> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>16</u> in. to <u>100</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>16-160' to 180' depth</u>		
				8 Screen: Manufacturer <u>W. A. Brown</u> Type <u>Double-slot</u> Dia. <u>12"</u> Slot gauge <u>1/8"</u> Length <u>80'</u> Set between <u>100'</u> and <u>160'</u> Fittings: <u>180' + 200'</u> 3/8-200 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>20/40</u>		
				9 Static water level: <u>56</u> ft. below land surface Date <u>1-16-75</u>		
				10 Pumping level below land surfaces: <u>N/C</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <u>12</u> 12 <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>0</u> ft. to <u>10</u> ft.		
				14 Nearest source of possible contamination: <u>None</u> ft. _____ Direction <u>None</u> Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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		
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				17 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. <u>Clarks Well & Equip, Inc. 185</u> Business name _____ License No. _____ Address <u>Grover Bend, KS</u> Signed <u>Don Clark</u> Date <u>2-14-75</u> Authorized representative		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5