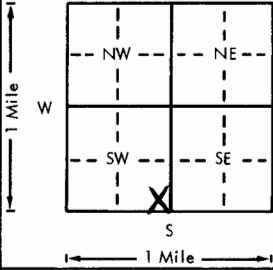



USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 PRATT	Fraction SE 1/4 SE 1/4 SW 1/4	Section number 31	Township number T 28 S	Range number R 11 W E/W
2. Distance and direction from nearest town or city: 65 1/2 W of		3. Owner of well: H-30 DRILLING CO			
Street address of well location if in city: Cairo, Ks.		City, state, zip code: WICHITA, Kansas			
4. Locate with "X" in section below: 		Sketch map: 		6. Bore hole dia. 10 in. Completion date 24 OCT 78 Well depth 90 ft.	
5. Type and color of material		From	To	7. <input 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	
Soil		0	2	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Clay, Tan		2	15	9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 60 ft. depth Wall Thickness: <input type="checkbox"/> inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. 258	
Sand, fine to coarse		15	21	10. Screen: Manufacturer's name flexless Type saw slot Dia. 5 Slot/gauze 1/8 Length 30' Set between 60 ft. and 90 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8 X 1/4	
Sand, fine to coarse & med gravel		21	55	11. Static water level: <input type="checkbox"/> mo./day/yr. 39 ft. below land surface Date 24 OCT 78	
w/ clay streaks				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 60 g.p.m.	
Clay, white & gray		55	60	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
Sand, fine to coarse & med gravel		60	90	14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade	
Clay, Tan & Brown		90	110	15. Well grouted? <input checked="" type="checkbox"/> With <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
				16. Nearest source of possible contamination: NONE ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: <input checked="" 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 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. Central Well & Pump 325 Business name License No. 1215 Address 1215 Taylor Pratt, Ks Signed JB Horomich Date 1 NOV 78 Authorized representative	
18. Elevation:	19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5