

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

*De Weese #1*

*150 ft EAST of E/2*

1 Location of well:	County <i>Pratt</i>	Township name	Fraction <i><del>6 1/4 N 1/4 E</del></i>	Section number <i>7</i>	Town number <i>T28S</i>	Range number <i>R12W</i>
Distance and direction from nearest town or city: <i>2 south 3 1/2 east.</i>				3 Owner of well: <i>Stirling Drilling Co</i> Address: <i>Stirling, Mo</i> <i>De Weese #1</i>		
Locate with "X" in section below: 				Sketch map: 4 Well depth: <i>165</i> ft. Date of completion: <i>12-27-74</i> Well diameter: <i>2 1/2</i> in.		
2 Type and color of material				5 <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		
From To <i>Clay</i> 0 8 <i>Sand</i> 8 29 <i>Clay</i> 29 38 <i>Gravel</i> 38 55 <i>Clay</i> 55 100 <i>Gravel</i> 100 165				6 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"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> <i>oil field</i>		
7 Casing: Material <i>RMP</i> Height: <i>above</i> Below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>4</i> in. Diam. <i>4</i> in. to <i>165</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				8 Screen: Manufacturer <i>Jenn + Lowell</i> Type <i>RMP</i> Dia. <i>4 in</i> Slot/gauze <i>1/8</i> Length <i>20 ft</i> Set between <i>145</i> ft. and <i>165</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>1/8-1/4</i>		
9 Static water level: <i>6.0</i> ft. below land surface Date <i>12-27-74</i>				10 Pumping level below land surfaces: _____ 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: <input type="checkbox"/> Pressure adapter <input checked="" type="checkbox"/> Inches above grade <i>12</i>		
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <i>0</i> ft. to <i>10</i> ft.				14 Nearest source of possible contamination: <i>oil well</i> ft. <i>100</i> Direction <i>EAST</i> Type <i>well</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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.m.p. 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 checked="" 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. <i>Myers Water Well</i> <i>143</i> Business name License No. Address: <i>Chief Bend, Mo</i> Signed: <i>Robert A. Myers</i> Date: <i>12-27-74</i> Authorized representative						

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

Form WWC-5