			WATER	R WELL RECORD	Form WWC-5	KSA 828			
_	ON OF WAT		Fraction	a		tion Number			
County:		Pratt	SW 1/4		/-	10	т 28	s R 12W	E(W)
			-	Idress of well if located	within city?				
		Cairo, Kans			Dales Deal	- Tma	Pogonhou	т <i>4</i> 4	
_		NER: Dale Ro				g., Inc.	Rosenbau	•	B
		* # : Route 1			Box 823	ad Va 6	-	ulture, Division of Wate mber: T87-	
		: Pratt					7530 Application Nu		
LOCAT	IN SECTION								
		1 D						ft. 3	
i l	-							/day/yr 11/4,	I .
.	NW	NE						ours pumping	
	1							ours pumping	
: w		———— EI						in. to	
∑	-	! "			5 Public water		-		
ı .	SW	SE	1 Domestic						
	1		2 Irrigation				10 Observation well	h.	1 '
Į L				acteriological sample s	submitted to D	-		; If yes, mo/day/yr sam	
T =			itted	C Manualitica	0.0		ater Well Disinfected?		ped
		CASING USED:		5 Wrought iron	8 Concre			S: Glued Clamp	
1 St		3 RMP (SR)		6 Asbestos-Cement		(specify below	•	Welded	
2 P\		4 ABS	160	7 Fiberglass			4 0:-	Threaded	
								auge No Sch.	
•	•			in., weight					.4
		R PERFORATION		E Fiberalasa	7 PV		10 Asbesto	specify)	
1 St		3 Stainless s		5 Fiberglass	9 AB	IP (SR)		sed (open hole)	-
2 Br		4 Galvanized		6 Concrete tile		5	8 Saw cut		n bole)
		RATION OPENINGS			ed wrapped		9 Drilled holes	11 None (ope	on riole)
	ontinuous slo			7 Torch	wrapped				1
	process shutt	•	punched			# Ero		ft. to	I .
SCHEEN-	PERFORATI	ED INTERVALS:						ft. to	
	CDAVEL DA	CK INTERVALS:						ft. to	
	GRAVEL PA	OK INTERVALS.	From	ft. to		ft., Fro		ft. to	ft.
GROUT	T MATERIAL	.: 1 Neat cer		2 Cement grout					
				•				ft. to	I .
		ource of possible co					stock pens	14 Abandoned water	1
		4 Lateral		7 Pit privy			•	15 Oil well/Gas well	
1 Septic tank 4 Latera 2 Sewer lines 5 Cess							lizer storage 16 Other (spe		
3 Watertight sewer lines 6 Seepag			• •				cticide storage		elow)
	from well?	South	jo pii	o i coayara			iny feet? 60		
FROM	TO	South	LITHOLOGIC I	_OG	FROM	TO		HOLOGIC LOG	
0	25	Clay							
25	180	Sand and gr	avel with	clay streaks					
				THE STATE OF THE S					
				-4					
	1						40.44.44.44.44.44.44.44.44.44.44.44.44.4		
				3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
	DAGTORIO (CERTIFICATION	Ohl. This water well w		atad (2) ras	anatruated or (2) plus	and under my jurisdicti	on and was
								ged under my jurisdiction	
completed	on (mo/day	/year) . 11/4/.87	104				ord is true to the best of on (mo/day/yr)	f my knowledge and be	1/07
							X ·		1 -
UNCTRU	CTIONS: Liea to	rne or Kelly's	en PLEASE PRES	LL Service S FIRMLY and PRINT clea	arly. Please fill in	blanks, underlin	ne or circle the correct answ	vers. Send top three copies	to Kansas
Departm	ent of Health a	nd Environment, Burea	u of Water Protecti	on, Topeka, Kansas 6662	0-7320, Telepho	ne: 913-862-93	60. Send one to WATER V	ELL OWNER and retain or	ne for your
records.									