|  |   | WATE  | R WELL RECORD   | Form WWC-5                                      |                                      |   | <del></del>  |
|--|---|---|---|---|--------------------------------------|---|--|
| LOCATION OF  | WATER WELL:   | Fraction  | 25  |   | tion Number                          | Township Number   | Range Number   |
| Couldratt  | No. 4   | SOS SE W  | SE 1/4<br>address of well if locat  | NE 1/4  | 18                                   | тх <b>хх</b> 28 s   | I LI TAM E/M   |
|  |   |   | address of well if local  | ted within city?                                |                                      |   |  |
| 3 E, 2 S C   | of Pratt, Kar   | nsas  | Sunrice One   | rating Co.                                      |                                      | Bailey #1   |  |
| WATER WELL OWNER: Van Bailey RR#, St. Address, Box # : Route 2 |   |   | 502 E 1st   |   |                                      | Board of Agriculture, Division of Water Resource                          |  |
| RR#, St. Address,  | Box # : Roule   |   | Pratt, Kansa  | as 67124  |                                      |   |  |
| City, State, ZIP Co  | C LOCATION WIT  | NS. UTIE4   | COMPLETED WELL.   | 135   | # ELEVAT                             | Unknown   |  |
| AN "X" IN SEC  | TION BOX:   | Denth(s) Group  | twater Engagetered  | 1 55  | ii. ELEVAI<br>ft 2                   | ft.   |  |
| - <del></del>  |   | MELL'S STATIO   | WATER LEVEL   | 55 ft h   | elow land surf                       | ace measured on mo/day/v  | r 3/11/92  |
| †   i  |   |   |   |   |                                      |   | oumping gpm  |
| NW ·   | NE  |   |   |   |                                      |   | umping gpm   |
| ! ! !  | x   | Bore Hole Diam  | seter 8 in t  | 135   | ft. a                                | nd  | n. toft.   |
| * w  | <del></del>   | FI  | TO BE USED AS:  |   |                                      | 8 Air conditioning 11   |  |
| -   i  |   | 1 Domestic  |   |   |                                      | 9 Dewatering 12   | -  |
| SW -   | SE  | 2 Irrigation  |   |   |                                      |   |  |
| !  |   |   |   |   |                                      |   | s, mo/day/yr sample was sub-   |
| <u> </u>   |   | mitted  | <b>3</b>  |   |                                      | er Well Disinfected? Yes  |  |
| TYPE OF BLAN   | NK CASING USED:   |   | 5 Wrought iron  | 8 Concre  | ete tile                             | CASING JOINTS: Glu  | ed Clamped   |
| 1 Steel  | 3 RMP (   |   | 6 Asbestos-Cemen  |   |                                      |   | ded  |
| 2 PVC  | 4 ABS   |   |   |   |                                      |   | eaded  |
| Blank casing diam  | eter 5  | in. to . $1.\!15.$ .                                  | ft., Dia  | in. to  |                                      | ft., Dia  | . in. to ft.   |
| Casing height abo  | ve land surface   | 12  | .in., weight  | 2 . 8   | lbs./f                               | t. Wall thickness or gauge  | No S.ch 40   |
| TYPE OF SCREE  | N OR PERFORATION  | ON MATERIAL:  |   | 7 PV  |                                      | 10 Asbestos-cen   |  |
| 1 Steel  | 3 Stainle   | ess steel   | 5 Fiberglass  | 8 RM  | IP (SR)                              | 11 Other (specify   | y)   |
| 2 Brass  | 4 Galvar  | nized steel   | 6 Concrete tile   | 9 AB  |                                      | 12 None used (d   | ppen hole)   |
| SCREEN OR PER  | REPORATION OPEN   | INGS ARE:   |   |   |                                      |   | 11 None (open hole)  |
| 1 Continuous   |   | Mill slot   |   | • •   |                                      | 9 Drilled holes   |  |
| 2 Louvered s   |   | , p   |   | ch cut  |                                      | · · · · · · · · · · · · · · · · · · ·                                     |  |
| SCREEN-PERFOR  | RATED INTERVALS   |   |   |   |                                      |   | toft.  |
| 00415  | 24014 14755   |   |   |   |                                      |   | toft.  |
| GHAVEL   | PACK INTERVALS  |   |   |   |                                      |   | toft.  |
| GROUT MATE   | RIAL: 1 Neat  |   |   |   |                                      |   | to ft.   |
|  |   |   |   |   |                                      |   | ft. to ft.   |
|  | st source of possibl                                    |   | , , , , , , , , , , , , , , , , , , ,   |   | 10 Livesto                           |   | Abandoned water well   |
| 1 Septic tank 4 Lateral lines                                  |   | eral lines  |   |   | 11 Fuel s                            | •   | Oil well/Gas well  |
| 2 Sewer lines 5 Cess pool                                      |   |   |   |   |                                      |   | Other (specify below)  |
| 3 Watertight   | sewer lines 6 See                                       | epage pit   | 9 Feedyard 13 Inse  |   | 13 Insecti                           | cide storage  |  |
| Direction from well  | 1?  | South   |   |   | How man                              |   | 60   |
| FROM TO  |   | LITHOLOGIC  |   | FROM  | то                                   | PLUGGING  | INTERVALS  |
| 0 8  | Clay  |   |   |   |                                      |   |  |
| 8 16   | Sand and  | gravel  |   |   |                                      |   |  |
| 16 40  | Clay  | 1   |   |   |                                      |   |  |
| 40 135   | Sand and  | gravel  |   |   |                                      | A AAVAN PA  |  |
|  |   |   |   |   |                                      |   |  |
|  |   |   |   |   |                                      |   |  |
|  |   |   |   |   |                                      |   |  |
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| 0017010707   | 1   | EDIO OFFICIO  | TON THE   | (4)   |                                      |   |  |
|  |   |   |   |   |                                      |   | nder my jurisdiction and was   |
|  | /day/year) 3./.1.1                                      |   |   |   |                                      |   | nowledge and belief. Kansas  |
|  |   |   | This Water  | well Record wa                                  |                                      | , N , , , , , , , , , , , , , , , , , ,                                   | 4/28/92  |
|  | s name of Kelly   |   |   |   | by (signatu                          |   | word   |
| instructions: U<br>of Health and Env                           | Jse typewriter or ball poir<br>rironment, Bureau of Wat | nt pen. <u>PLEASE PRESS</u><br>er, Topeka, Kansas 666 | FIHMLY and PRINT clearly. I<br>20-0001. Telephone: 913-296  | Please fill in blanks, (<br>5-5545. Send one to | underline or circle<br>WATER WELL OW | the correct answers. Send top three<br>NER and retain one for your record | e copies to Kansas Department ds.  |