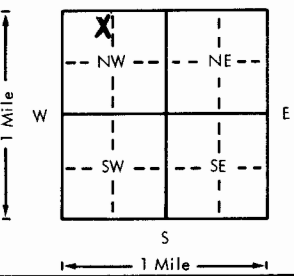


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>Pratt</b>	Fraction <b>NE 1/4 NW 1/4 NW 1/4</b>	Section number <b>4</b>	Township number <b>T 28</b>	Range number <b>13</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>112 N. High</b>			3. Owner of well: <b>Stella Callaway</b> R.R. or street: <b>112 N. High</b> City, state, zip code: <b>Pratt, Kansas 67124</b>			
4. Locate with "X" in section below: 			Sketch map: 6. Bore hole dia. <b>10</b> in. Completion date <b>4-20-81</b> Well depth <b>84</b> ft. 7. <input checked="" 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 8. Use: <input checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other 9. Casing: Material <b>plastic</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>14</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>160</b> lbs./ft. Dia. <b>5</b> in. to <b>84</b> ft. depth Wall Thickness: inches or Dia. <b>5</b> in. to <b>84</b> ft. depth gauge No. <b>SDR-26</b>			
5. Type and color of material			From	To	10. Screen: Manufacturer's name <b>Lone Star</b> Type <b>SDR 26</b> Dia. <b>5"</b> Slot/gauze <b>1/16</b> Length <b>10'</b> Set between <b>74</b> ft. and <b>84</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8x3/8</b>	
<b>earth</b>			<b>0</b>	<b>5</b>	11. Static water level: <b>43</b> ft. below land surface Date <b>4-20-81</b>	
<b>brown clay</b>			<b>5</b>	<b>33</b>	12. 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.	
<b>coarse brown gravel</b>			<b>33</b>	<b>45</b>	13. Water sample submitted: ____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date ____	
<b>yellow clay</b>			<b>45</b>	<b>57</b>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>14</b> inches above grade	
<b>rock &amp; clay</b>			<b>57</b>	<b>60</b>	15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>5</b> ft. to <b>15</b> ft.	
<b>brown sand</b>			<b>60</b>	<b>71</b>	16. Nearest source of possible contamination: ft. <b>11</b> Direction <b>South</b> Type <b>S.S.*</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>coarse sand</b>			<b>71</b>	<b>84</b>	17. Pump: ____ Not installed Manufacturer's name <b>Sta Rite</b> Model number <b>20P4D2</b> HP <b>3/4</b> Volts <b>230</b> Length of drop pipe <b>50</b> ft. capacity <b>20</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
(Use a second sheet if needed)					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. <b>Hank Bruse Water Well Serv</b> Business name <b>1117 Stout</b> License No. <b>103</b> Address <b>Thyng Road</b> Date <b>5-7-81</b> Signed <b>Hank Bruse</b> Authorized representative	
18. Elevation: Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <b>* Sanitary Sewer</b>				

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

Form WWC-5