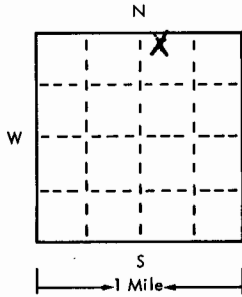


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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

1 Location of well:	County Pratt	Township name Saratoga	Fraction NWNWNE	Section number 11	Town number 28	Range number 13
Distance and direction from nearest town or city: 1S 1½E Pratt			3 Owner of well: Wesley Sirocky Lakeroad Street address of well location if in city: Pratt, Kansas 67124			
Locate with "X" in section below: 			4 Well depth: 89 ft. Date of completion 3-27-76 Well diameter 5 in. 10" hole 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 6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> 7 Casing: Material PVC Height: above below Threading <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. glue Weight 160 lbs./ft. 5 in. to 89 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5 in. to 89 ft. depth 8 Screen: Manufacturer Jess & Lowell Type rmp Dia. 5" Slot/gauze 1/16 Length 10' Set between 79 ft. and 89 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4-3/8 9 Static water level: 30 ft. below land surface Date 3-27 10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 125 g.p.m. 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____ 12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade 6" 13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 4 ft. to 14 ft. 14 Nearest source of possible contamination Septic tank ft. 60 Direction east Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Starite Model number 1p8e2 HP 1 Volts 230 Length of drop pipe 40 ft. capacity 30 g.m.p. 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 16 Remarks: elevation 4' concrete slab installed under pitless unit Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input 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. Mark Bruce, Well Serv. 103 Business name License No. Address 1117 Stout Signed Mark Bruce Date 4-26-76 Authorized representative			

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

Form WWC-5