

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 Pratt	Fraction c 1/4 sw 1/4 ne 1/4	Section number 16	Township number T 28 S	Range number R 13 E				
2. Distance and direction from nearest town or city: 1 1/2 S of Pratt, Ks. west side Street address of well location if in city:			3. Owner of well: Merckle Drilling R.R. or street: Box 1382 City, state, zip code: Great Bend, Kansas 67530						
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table> E S 1 Mile</div>		NW	NE	SW	SE	Sketch map:		6. Bore hole dia. <u>10</u> in. Completion date _____ Well depth <u>140</u> ft. <u>6-5-79</u>	
NW	NE								
SW	SE								
5. Type and color of material		From To		7. <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					
				8. 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"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other					
				9. Casing: Material <u>pvc</u> Height: Above or below <u>18</u> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4 1/2</u> in. to <u>140</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.237</u>					
				10. Screen: Manufacturer's name _____ CertainTeed Type <u>pvc</u> Dia. _____ Slot <u>1/16</u> Length <u>20</u> Set between <u>120</u> ft. and <u>140</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>					
				11. Static water level: _____ mo./day/yr. <u>77</u> ft. below land surface Date <u>6-5-79</u>					
				12. Pumping level below land surfaces: <u>na</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.					
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.					
16. Nearest source of possible contamination: ft. <u>75</u> Direction <u>west</u> Type <u>oilwell</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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		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. Rosencrantz-Bemis <u>134</u> Business name License No. Address Great Bend, Ks. 67530 Signed <u>Sandy Tulgore</u> Date <u>6-15-79</u> Authorized representative					
18. Elevation:	19. Remarks: (Use a second sheet if needed)								
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley									

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

Form WWC-5