

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 1/4 cne 1/4 nw 1/4 # 21	Section number 21	Township number T 28 S R 13W E/W	Range number 13W				
2. Distance and direction from nearest town or city: 2s 1/2 W Street address of well location if in city: Pratt, Ks.			3. Owner of well: Union Drlg Co. Inc. R.R. or street: 505 Union ctr City, state, zip code: Wichita, Ks.							
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 style="text-align: center;">I X -- NW --</td><td style="text-align: center;">I -- NE --</td></tr><tr><td style="text-align: center;">I -- SW --</td><td style="text-align: center;">I -- SE --</td></tr></table> E S 1 Mile</div>			I X -- NW --	I -- NE --	I -- SW --	I -- SE --	Sketch map:		6. Bore hole dia. 8 in. Completion date _____ Well depth 192 ft. 10-5-77	
I X -- NW --	I -- NE --									
I -- SW --	I -- SE --									
5. Type and color of material			From		To					
			Top Soil Clay		0## 48					
			Sand Clay		48 80					
			Sand		80 120					
			Clay		120 135					
Sand-Gravel-Clay			135 192		7. 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					
Strks					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 _____ Height: Above or below _____ Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 192 depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. sch 40					
					10. Screen: Manufacturer's name Jetstream Type pvc Dia. 5" Slot/gauze 1/32" Length 40' Set between 152 ft. and 192 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8-3/4"					
					11. Static water level: _____ mo./day/yr. 87 ft. below land surface Date 10-5-77					
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 50 g.p.m.					
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____					
					14. Well head completion: _____ Pitless adapter 12 Inches above grade					
					15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete _____ Depth: From 0 ft. to 10 ft.					
					16. Nearest source of possible contamination: oil ft. 60 Direction se Type _____ Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
					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: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other					
(Use a second sheet if needed)										
18. Elevation:		19. Remarks:		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. Kellys Waterwell Ser 186 Business name _____ License No. _____ Address RR Great Bend, Ks. Signed Kelly Thuse Date 8-6-77 Authorized Representative						
Topography: _____ Hill _____ Slope <input checked="" type="checkbox"/> Upland _____ Valley										

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

Form WWC-5