

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

more #1

1 Location of well:	County <i>Pratt</i>	Township name	Fraction <i>C 2/4 NESE</i>	Section number <i>28</i>	Town number <i>28 S</i>	Range number <i>13 W</i>
Distance and direction from nearest town or city: <i>3 1/2 miles south of Pratt</i>				3 Owner of well: <i>Search Drilling Co</i> Address: <i>Wichita Kansas</i>		
Locate with "X" in section below: N W E S 1 Mile				4 Well depth: <i>135</i> ft. Date of completion: <i>8-28-75</i> Well diameter: <i>7</i> in.		
2 Type and color of material				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 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"/> <i>oilfield surf</i>		
				7 Casing: Material: <i>PLC</i> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. Diam. <i>4</i> in. to <i>135</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>4</i> in. to <i>135</i> ft. depth		
				8 Screen: Manufacturer: <i>Pearson Plastic</i> Type: <i>PLC</i> Dia. <i>H</i> Gauge: <i>5</i> Length: <i>10</i> Set between <i>125</i> ft. and <i>135</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material: <i>4</i>		
				9 Static water level: <i>75</i> ft. below land surface Date <i>8-28-75</i>		
(use a second sheet if needed)				10 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.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> ____ Depth: From <i>0</i> ft. to <i>10</i> ft.		
				14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.m.p. 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		
				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. <i>Myers Water Well 143</i> Business name: <i>Myers Water Well</i> License No. ____ Address: <i>West Bend Mo</i> Signed: <i>Myers</i> Date <i>8-28-75</i> Authorized representative		

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

Form WWC-5