

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

County	Pratt	Fraction	1/4 1/4 CSW 1/4	Section number	12	Township number	T 28 S	Range number	R 14 EW
2. Distance and direction from nearest town or city: 5 mi. Southwest of Pratt, KS Street address of well location if in city:				3. Owner of well: Elwood Lawrence R.R. or street: Route 4 City, state, zip code: Pratt, KS 67124					
4. Locate with "X" in section below:				Sketch map:		6. Bore hole dia. 9 in. Completion date 8-15- Well depth 77 ft.			
<div style="text-align:center;">N S E W</div> 1 Mile						7. Cable tool <input checked="" type="checkbox"/> Rotary _____ Driven _____ Dug _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary _____			
5. Type and color of material				From	To	8. Use: Domestic _____ Public supply _____ Industry _____ Irrigation _____ Air conditioning <input checked="" type="checkbox"/> Stock _____ Lawn _____ Oil field water _____ Other _____			
Top soil				0	2	9. Casing: Material Styrene Height Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface 12 in. RMP _____ PVC _____ Weight 1.5 lbs./ft. Dia. 5 in. to 67 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. 200#			
Brown & white clay & limestone				2	7	10. Screen: Manufacturer's name Jess & Lowell Type Styrene 200 Dia. 5" Slot/gauze 1/8 Length 10' Set between XX 67 ft. and 77 ft. Gravel pack? Yes Size range of material 3/8-200			
Sand & gravel				7	17	11. Static water level: mo./day/yr. 46 ft. below land surface Date 5-15-76			
Brown & white clay & hard limestone				17	46	12. Pumping level below land surfaces: N/C _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
Sand & gravel				46	77	13. Water sample submitted: mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____			
						14. Well head completion: Pitless adapter 12 Inches above grade			
						15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From 0 ft. to 10 ft.			
						16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____			
						17. Pump: 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. Clarke Well & Eq., Inc. 185 Business name Great Bend, KS License No. _____ Address _____ Signed _____ Date 5-29-_____ Authorized representative					
Topography: _____ Hill _____ Slope _____ Upland _____ Valley									

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

Form WWC-5

MI-1023