

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
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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 SE 1/4 NW 1/4 NE 1/4 | Section number 21 | Township number T 28 | Range number S R 14 | EW |
| 2. Distance and direction from nearest town or city: 6W 2 3/4 S OF | | | 3. Owner of well: PHIL LUNT | | | | |
| Street address of well location if in city: PRATT, KS. | | | R.R. or street: RFD 4 | | | | |
| | | | City, state, zip code: PRATT, KS 67124 | | | | |
| 4. Locate with "X" in section below: | | Sketch map: | | | 6. Bore hole dia. 30 in. Completion date 18 JAN 77 | | |
| <div style="text-align: center;">N</div> <div style="text-align: center;">S</div> | | | | | Well depth 175 ft. | | |
| | | | | | 7. Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary | | |
| | | | | | 8. Use: Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other | | |
| | | | | | 9. Casing: Material STL Height: Above or below 12 in. Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 16 in. to 175 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 188 | | |
| 5. Type and color of material | | From | To | 10. Screen: Manufacturer's name W A BROWN | | | |
| SOIL | | 0 | 2 | Type FRP Dia. 16" | | | |
| CLAY, TAN | | 2 | 43 | Slot/gauze 1/8 Length 40' | | | |
| SAND, FINE TO COARSE & MED TO COARSE GRAVEL | | 43 | 65 | Set between 135 ft. and 175' ft. | | | |
| SAND, FINE TO COARSE W/ TAN CLAY | | 65 | 85 | Gravel pack? YES Size range of material 1/4 X 1/2 | | | |
| SAND, FINE TO COARSE & MED GRAVEL | | 85 | 115 | 11. Static water level: 79 ft. below land surface Date 18 JAN 77 | | | |
| CLAY, TAN | | 115 | 117 | 12. Pumping level below land surfaces: 94 ft. after 1 hrs. pumping 805 g.p.m. 104 ft. after 1 hrs. pumping 1190 g.p.m. Estimated maximum yield 1500 g.p.m. | | | |
| SAND, FINE TO MED SAND & MED TO COARSE GRAVEL | | 117 | 175 | 13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date | | | |
| CLAY, TAN | | 175 | 178 | 14. Well head completion: Pitless adapter 12 inches above grade | | | |
| SHALE, RED | | 178 | 190 | 15. Well grouted? YES With: Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> Depth: From 0 ft. to 10 ft. | | | |
| | | | | 16. Nearest source of possible contamination: NONE ft. Direction Type Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | | | 17. Pump: <input type="checkbox"/> Not installed Manufacturer's name Flowing Model number 74 HP 100 Volts Length of drop pipe 140' ft. capacity 800 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | | | |
| 18. Elevation: 1995 | | 19. Remarks: 3D 2 89 5' X 10 CONCRETE SLAB AT SURFACE 28 14 21 NAX | | 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. Central Well & Pump 325 Business name License No. Address 121 S Taylor Pratt Signed Phil Lunt Date 18 JAN 77 Authorized representative | | | |

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

Form WWC-5