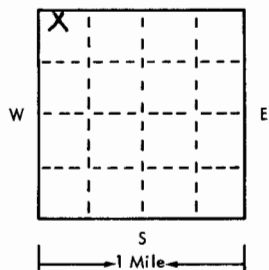


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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

1 Location of well:	County Pratt	Township name Banner	Fraction NWNWNE	Section number 22	Town number T285	Range number R15W
Distance and direction from nearest town or city: 25 3W			3 Owner of well: D.H. Thompson			
Street address of well location if in city: Cullison			Address: Thompson Building Pratt, Kansas 67124			
Locate with "X" in section below: 			Sketch map: 4 Well depth: 104 ft. Date of completion 7-24-75 Well diameter 5 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 checked="" 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			
			7 Casing: Material RMP Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 4 1/2 in. Weight 200 lbs./ft. 5 in. to 94 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			8 Screen: Manufacturer Jewett Lowell Type RMP Dia. 5" Slot/gauze 1/16 Length 10' Set between 94 ft. and 104 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/16-3/8			
			9 Static water level: 81 ft. below land surface Date 7-24-75			
(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 50 g.p.m.			
			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
			12 Well head completion: 24" <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> _____ inches above grade			
			13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 4 ft. to 14 ft.			
			14 Nearest source of possible contamination: ft. 100 Direction NW Type Septic Tank Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
16 Remarks: elevation Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			15 Pump: <input type="checkbox"/> Not installed Manufacturer's name STARITE Model number LP8E2 HP 1 Volts 230 Length of drop pipe 94 ft. capacity 30 g.m.p. Type: <input checked="" 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. Mark Bruce Water Well Service Business name License No. 103 Address 417 Stout Signed Mark Bruce Date 8-21-75 Authorized representative			

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

Form WWC-5