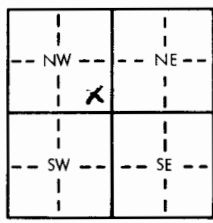


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

Armistead B-1

1. Location of well:	County <i>Pratt</i>	Fraction <i>SE SE NW</i> 1/4 1/4 1/4	Section number <i>6</i>	Township number <i>29 S</i>	Range number <i>11 W</i>
2. Distance and direction from nearest town or city: <i>6 South 1/2 West 1/2 South</i> Street address of well location if in city: <i>6 1/2 So. h.w. Caird</i>		3. Owner of well: <i>H 30 Drilling Co</i> R.R. or street: <i>Wichita Kansas</i> City, state, zip code: <i>200 N. Main 67202</i>		6. Bore hole dia. <i>4</i> in. Completion date <i>11-7-78</i> Well depth <i>90</i> ft.	
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile		Sketch map: 		7. <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	
5. Type and color of material		From	To	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: <i>Plastic</i> Height: <i>above</i> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <i>127.3</i> lbs./ft. Dia. <i>5</i> in. to <i>90</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>200</i>	
				10. Screen: Manufacturer's name <i>Self made</i> Type <i>PPC</i> Dia. <i>5</i> Slot/gauze <i>5</i> Length <i>20</i> Set between <i>5</i> ft. and <i>90</i> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <i>yes</i> Size range of material <i>5 1/4</i>	
				11. Static water level: <i>50</i> ft. below land surface Date <i>11-7-78</i> mo./day/yr.	
				12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.	
				13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
				15. Well grouted? <i>yes</i> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.	
				16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <i>None</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m. 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	
18. Elevation:		19. Remarks:			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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. <i>Myers Water Well</i> Business name <i>St. Bernard Ks 143</i> Address <i>St. Bernard Ks 143</i> Signed <i>A. Myers</i> Date <i>11-7-78</i> Authorized representative			

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

Form WWC-5