

USE TYPEWRITER OR BALL
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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 10	Township number T 29 S R 11 E	Range number 11
2. Distance and direction from nearest town or city: 2 1/2 E 4 3/4 N 1/4 W			3. Owner of well: KENNETH BLACKWELDER			
Street address of well location if in city: OF ISABEL, KS			City, state, zip code: ISABEL, KS			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 30 in. Completion date 1 MARCH 77		
				Well depth 140 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 type="checkbox"/> <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 <input type="checkbox"/>		
				9. Casing: Material STEEL Height: Above or below 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. 1 1/2 in. to 140 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 PROFLO Dia. 16"		
CLAY, WHITE		2	13	Slot/gauze 1/8 Length 40'		
SAND, FINE TO COARSE		13	33	Set between 85-95 ft. and 105-115 ft. 120-140 ft. and <input type="checkbox"/> ft.		
CLAY, TAN		33	46	Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 - 1/2		
SAND, FINE TO COARSE & MED TO COARSE GRAVEL		46	95	11. Static water level: 42' ft. below land surface mo./day/yr. 5 FEB 77		
CLAY, TAN & GREEN		95	103	12. Pumping level below land surfaces: 77 ft. after 1 hrs. pumping 800 g.p.m. 88 ft. after 1 hrs. pumping 913 g.p.m. Estimated maximum yield 1000 g.p.m.		
SAND, FINE TO COARSE & FINE GRAVEL		103	115	13. Water sample submitted: mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>		
CLAY, TAN SANDY		115	118	14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade		
SAND, FINE TO COARSE & MED GRAVEL		118	140	15. Well grouted? YES With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
SHALE, RED		140	150	16. Nearest source of possible contamination: NONE ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name Floway Model number <input type="checkbox"/> HP 80 Volts <input type="checkbox"/> Length of drop pipe 100 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:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		5'x10' CONCRETE SLAB AT SURFACE		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 121 S TAYLOR PRATT License No. <input type="checkbox"/> Address JOHN H. MUEHL Date 1 MARCH 77 Signed <input type="checkbox"/> Authorized representative		

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

Form WWC-5