

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

X. Location of well: County <u>Pratt</u>		X Fraction <u>NE 1/4</u>		X Section number <u>14</u>		X Township number <u>29</u>		X Range number <u>10</u>	
2. Distance and direction from nearest town or city: <u>8 miles South of Cunninghamtown</u>		3. Owner of well: <u>The Boat</u>		R.R. or street: <u>564 Sun Real AVE</u>		City, state, zip code: <u>Pratt Kansas 67124</u>			
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: <u>Pasture Well</u> <u>X</u> <u>Well</u>		6. Bore hole dia. <u>8</u> in. Completion date <u>10-11-78</u> Well depth <u>50</u> ft.		7. 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 checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
<u>Top Soil</u>		<u>0</u>		<u>1</u>		9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>2</u> ft. in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2</u> lbs./ft. Dia. <u>5</u> in. to <u>50</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>50</u> ft. depth Gauge No. <u>4</u>			
<u>Clay Soil</u>		<u>1</u>		<u>20</u>		10. Screen: Manufacturer's name <u>Joe E. Howell</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>1/16</u> Length <u>20</u> Set between <u>30</u> ft. and <u>50</u> ft. ft. and <u>50</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4</u>			
<u>Soil</u>		<u>20</u>		<u>30</u>		11. Static water level: <u>24</u> ft. below land surface Date <u>10-11-78</u> mo./day/yr.			
<u>Clay</u>		<u>30</u>		<u>40</u>		12. Pumping level below land surfaces: ft. after <u>N/A</u> hrs. pumping g.p.m. ft. after <u>N/A</u> hrs. pumping g.p.m. Estimated maximum yield g.p.m.			
<u>Course &amp; Gravel</u>		<u>40</u>		<u>50</u>		13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>10-11-78</u> mo./day/yr.			
<u>Total Dist. of Well</u>						14. Well head completion: Pitless adapter <u>2</u> ft. above grade			
<u>50 feet clay bottom</u>						15. Well grouted? <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> Depth: From <u>1</u> ft. to <u>10</u> ft. <u>14 feet to 10 feet</u>			
						16. Nearest source of possible contamination: <u>Pasture</u> ft. Direction Type <u>Pasture</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
						17. Pump: <u>2 1/2</u> cylinder Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe <u>20</u> ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
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. <u>Weber Well Service</u> <u>226</u> Business name License No. Address <u>Hopville Hopson</u> Signed <u>Don A. Weber</u> Date <u>10-11-78</u> Authorized representative					

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

Form WWC-5