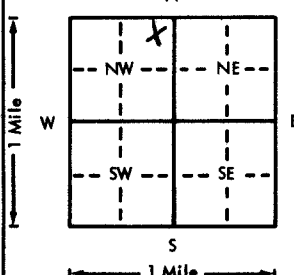


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well:	County Pratt	Fraction ne 1/4 ne 1/4 nw 1/4	Section number 24	Township number T 29 S	Range number R 11 E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: 4E 3N Isabel			3. Owner of well: Frank Ricke R.R. or street: City, state, zip code: Hazleton, KS		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. 10 in. Completion date _____ Well depth 30 ft. 6-5-78		
			7. <input checked="" 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		
			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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 30 depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 258		
5. Type and color of material			From	To	
soil			0	2	10. Screen: Manufacturer's name Pumpeo
clay			2	10	Type OSDVC Dia. 5 10
med sand			10	30	Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft.
					Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8 in
					11. Static water level: _____ mo./day/yr. 5 ft. below land surface Date 6-5-78
					12. 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.
					13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 15 inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 15 ft.
					16. Nearest source of possible contamination: ft. 100 Direction septic type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe 20 ft. capacity 10 g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
18. Elevation:			19. Remarks: customer to pour slab		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" 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. Therman Pross 140 Business name License No. Address MLP Signed W.H. Pross Date 6-8-78 Authorized representative		

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

Form WWC-5