

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 <b>PRATT</b>	Fraction <b>SE 1/4 SE 1/4 SW 1/4</b>	Section number <b>7</b>	Township number <b>T 29 S</b>	Range number <b>R 12 W E/W</b>
2. Distance and direction from nearest town or city: <b>2N 1/2 E OF SAWYER</b>			3. Owner of well: <b>MELVIN ROBE</b>			
Street address of well location if in city:			R.R. or street:			
			City, state, zip code: <b>SAWYER, KS</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>10</b> in. Completion date <b>14 Sept 76</b>		
				Well depth <b>150</b> ft.		
5. Type and color of material		From	To	7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		
<b>Soil</b>		<b>0</b>	<b>2</b>	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
<b>CLAY, TAN</b>		<b>2</b>	<b>15</b>	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry		
<b>SAND, FINE TO COARSE &amp; MED GRAVEL</b>		<b>15</b>	<b>29</b>	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock		
<b>CLAY, TAN W/ SOME SAND</b>		<b>29</b>	<b>55</b>	<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<b>SAND, FINE TO COARSE W/ TAN CLAY</b>		<b>55</b>	<b>73</b>	9. Casing: Material <input type="checkbox"/> Height: Above or below		
<b>SAND, FINE TO COARSE &amp; MED GRAVEL</b>		<b>73</b>	<b>101</b>	Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>16"</b> in.		
<b>SAND, FINE TO COARSE &amp; MED TO COARSE GRAVEL</b>		<b>101</b>	<b>165</b>	RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.		
				Dia. <b>5</b> in. to <b>130</b> ft. depth; Wall Thickness: inches or		
				Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. <b>258</b>		
				10. Screen: Manufacturer's name <b>JAL</b>		
				Type <b>RMP</b> Dia. <b>5</b>		
				Slot/gauze <b>1/8</b> Length <b>20'</b>		
				Set between <b>130</b> ft. and <b>150</b> ft.		
				Gravel pack? <b>Yes</b> Size range of material <b>1/2 - 1/8</b>		
				11. Static water level: <b>78</b> ft. below land surface Date <b>14 Sept 76</b>		
				12. Pumping level below land surfaces:		
				____ ft. after ____ hrs. pumping ____ g.p.m.		
				____ ft. after ____ hrs. pumping ____ g.p.m.		
				Estimated maximum yield <b>80</b> g.p.m.		
				13. Water sample submitted: ____ mo./day/yr.		
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____		
				14. Well head completion:		
				<input checked="" type="checkbox"/> Pitless adapter ____ inches above grade		
				15. Well grouted? <b>Yes</b>		
				With: ____ Neat cement ____ Bentonite <input checked="" type="checkbox"/> Concrete		
				Depth: From <b>4</b> ft. to <b>14</b> ft.		
				16. Nearest source of possible contamination: <b>SEPTIC</b>		
				ft. <b>70</b> Direction <b>SW</b> Type <b>TANK</b>		
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump:		
				Not installed		
				Manufacturer's name <b>Goulds</b>		
				Model number <b>25 EM</b> HP <b>1</b> Volts <b>230</b>		
				Length of drop pipe <b>120</b> ft. capacity <b>18</b> g.p.m.		
				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		
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography:		<b>4'x4'x4" CONCRETE SLAB</b>		This well was drilled under my jurisdiction and this report		
<input type="checkbox"/> Hill		<b>INSTALLED AT BOTTOM OF PITLESS</b>		is true to the best of my knowledge and belief.		
<input type="checkbox"/> Slope		<b>ADAPTER</b>		<b>CENTRAL WELL &amp; PUMP 325</b>		
<input checked="" type="checkbox"/> Upland				Business name <b>1215 TAYLOR</b> License No. <b>PRATT</b>		
<input type="checkbox"/> Valley				Address <b>1215 TAYLOR</b> <b>PRATT</b>		
				Signed <b>John H. Smith</b> Date ____		
				Authorized representative		

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

Form WWC-5