

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

Mason #1

1. Location of well:	County <i>Pratt</i>	Fraction <i>NW 1/4 SW 1/4 NW 1/4</i>	Section number <i>3</i>	Township number <i>T 29 S</i>	Range number <i>R 13 W</i>															
2. Distance and direction from nearest town or city: <i>5 South</i> Street address of well location if in city: <i>East 1/2 South Pratt</i>			3. Owner of well: <i>Xplor Drilling Co</i> R.R. or street: City, state, zip code: <i>Wichita Ks</i>																	
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <i>8</i> in. Completion date <i>3-22-77</i> Well depth <i>160</i> ft.																	
<table border="1"><thead><tr><th>5. Type and color of material</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><i>Clay</i></td><td><i>0</i></td><td><i>60</i></td></tr><tr><td><i>Sandy Clay</i></td><td><i>60</i></td><td><i>90</i></td></tr><tr><td><i>Sand</i></td><td><i>90</i></td><td><i>140</i></td></tr><tr><td><i>Gravel</i></td><td><i>140</i></td><td><i>160</i></td></tr></tbody></table>			5. Type and color of material	From	To	<i>Clay</i>	<i>0</i>	<i>60</i>	<i>Sandy Clay</i>	<i>60</i>	<i>90</i>	<i>Sand</i>	<i>90</i>	<i>140</i>	<i>Gravel</i>	<i>140</i>	<i>160</i>	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		
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			<i>Clay</i>	<i>0</i>	<i>60</i>															
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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: Material <i>Plastic</i> Weight: <i>12</i> lbs./ft. 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>28.7</i> lbs./ft. Dia. <i>5</i> in. <i>160</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>10 PVC</i> Dia. <i>5</i> Slot gauze <i>8</i> Length <i>20</i> Set between <i>140</i> ft. and <i>160</i> ft. Gravel pack? <i>yes</i> Size range of material <i>1/8 - 3/4</i>																	
			11. Static water level: <i>90</i> ft. below land surface Date <i>3-22-77</i>																	
			12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.																	
			13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____																	
			14. Well head completion: ____ Pitless adapter ____ Inches above grade																	
			15. Well grouted? <i>yes</i> With: ____ Neat cement <input checked="" type="checkbox"/> Bentonite ____ Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.																	
			16. Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? ____ Yes ____ No																	
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.p.m. Type: ____ Submersible ____ Turbine ____ Jet ____ Reciprocating ____ Centrifugal ____ 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. <i>Morgan Water Well</i> Business name <i>143</i> License No. <i>143</i> Address <i>143</i> Signed <i>R. Morgan</i> Date <i>3-22-77</i> Authorized representative																				

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

Form WWC-5