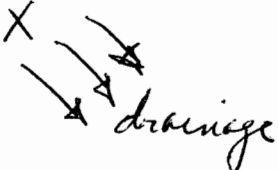


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <u>Pratt</u>	Fraction <u>SE 1/4 SE 1/4 NW 1/4</u>	Section number <u>6</u>	Township number <u>T 29 S</u>	Range number <u>R 13 W E/W</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:		<u>25 &amp; 2 1/2 N of Coates, Ks</u>		3. Owner of well: <u>H-30 INC</u> R.R. or street: City, state, zip code: <u>Wichita, Ks</u>		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>10</u> in. Completion date _____ Well depth <u>160</u> ft. <u>25 MAR 78</u>		
5. Type and color of material		From	To	7. <input 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		
Soil		0	2	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		
Clay, tan		2	5	9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>140</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>258</u>		
Clay, white and caliche		5	30	10. Screen: Manufacturer's name _____ Type <u>saw slot</u> <u>perforated</u> Dia. <u>5</u> " Slot/gauze <u>1/8</u> Length <u>20</u> ' Set between <u>140</u> ft. and <u>160</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4X4</u>		
Sand, fine to coarse and med. gravel		30	58	11. Static water level: _____ mo./day/yr. <u>98</u> ft. below land surface Date <u>25 MAR 78</u>		
Clay, green and blue		58	78	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.		
Sand, coarse and med. to coarse gravel		78	101	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Clay, tan		101	112	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
Sand, med. to coarse and coarse gravel		112	172	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
Clay, white		172	177	16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>ADW</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Sand, fine to coarse and med. gravel		177	180	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: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
(Use a second sheet if needed)						
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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>Central Well &amp; Pump Svc.</u> <u>325</u> Business name License No. Address <u>121 S. Taylor Pratt, Ks.</u> Signed <u>Edmonich</u> Date <u>24 MAR 78</u> Authorized representative			

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

Form WWC-5