

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

*Lambert.*

|  |                     |                                     |  |                               |                                |
|--|---------------------|-------------------------------------|--|-------------------------------|--------------------------------|
| 1. Location of well:   | County <i>Pratt</i> | Fraction <i>C 1/4 NW 1/4 SE 1/4</i> | Section number <i>30</i>   | Township number <i>T 29 S</i> | Range number <i>R 13 W E/W</i> |
| 2. Distance and direction from nearest town or city: <i>3 east</i><br>Street address of well location if in city: <i>1 1/2 Smith Coats</i> |                     |                                     | 3. Owner of well: <i>X Flor Drilling Co</i><br>R.R. or street: <i>Wichita Kansas</i><br>City, state, zip code:   |                               |                                |
| 4. Locate with "X" in section below:<br>N<br>1 Mile<br>W<br>E<br>S<br>1 Mile   |                     |                                     | Sketch map:<br>6. Bore hole dia. <i>2</i> in. Completion date <i>12-3-75</i><br>Well depth <i>145</i> ft.  |                               |                                |
| 5. Type and color of material  |                     |                                     | 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary   |                               |                                |
|  |                     |                                     | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other   |                               |                                |
|  |                     |                                     | 9. Casing: Material <i>Plastic</i> Height: <i>Above</i> or below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in.<br>RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <i>183</i> lbs/ft.<br>Dia. <i>4</i> in. to <i>145</i> ft. depth Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>200</i> |                               |                                |
|  |                     |                                     | 10. Screen: Manufacturer's name <i>Barless Plastic</i><br>Type <i>PVC</i> Dia. <i>4</i><br>Slot gauge <i>5</i> Length <i>10</i><br>Set between <i>125</i> ft. and <i>145</i> ft.<br>Gravel pack? <i>yes</i> Size range of material <i>3-4</i>  |                               |                                |
|  |                     |                                     | 11. Static water level: <i>60</i> ft. below land surface Date <i>12-3-75</i><br>mo./day/yr.  |                               |                                |
| (Use a second sheet if needed)   |                     |                                     | 12. Pumping level below land surfaces:<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield ____ g.p.m.  |                               |                                |
|  |                     |                                     | 13. Water sample submitted: ____ mo./day/yr.<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date ____  |                               |                                |
|  |                     |                                     | 14. Well head completion:<br>____ Pitless adapter ____ Inches above grade  |                               |                                |
|  |                     |                                     | 15. Well grouted? <i>yes</i><br>With: ____ Neat Cement <input checked="" type="checkbox"/> Bentonite ____ Concrete<br>Depth: From <i>0</i> ft. to <i>10</i> ft.  |                               |                                |
|  |                     |                                     | 16. Nearest source of possible contamination:<br>ft. ____ Direction ____ Type ____<br>Well disinfected upon completion? ____ Yes ____ No   |                               |                                |
|  |                     |                                     | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name ____<br>Model number ____ HP ____ Volts ____<br>Length of drop pipe ____ ft. capacity ____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other                           |                               |                                |
|  |                     |                                     | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report<br>is true to the best of my knowledge and belief.<br><i>Myer Water Well</i> <i>143</i><br>Business name License No.<br>Address <i>Shed Bend Ks</i><br>Signed <i>Edmund Myers</i> Date <i>12-3-75</i><br>Authorized representative   |                               |                                |
|  |                     |                                     | 18. Elevation:   |                               |                                |
|  |                     |                                     | 19. Remarks:   |                               |                                |
|  |                     |                                     | Topography:<br><input type="checkbox"/> Hill<br><input checked="" type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley  |                               |                                |

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

Form WWC-5