

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

1. Location of well: County <u>Pratt</u>		Fraction NW 1/4 1/4 1/4		Section number <u>11</u>	Township number T <u>29</u> S R	Range number 14 <u>W</u>
2. Distance and direction from nearest town or city: <u>1-3/4 Mi. N. of Coats, 1/4 Mi. E.</u> Street address of well location if in city:				3. Owner of well: R.R. or street: City, state, zip code: <u>Jimmy Norse Noaris</u> <u>Coats, Kansas</u>		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: Well No. 1 (TH 1-76)		6. Bore hole dia. <u>30</u> in. Completion date <u>2/10/77</u> Well depth <u>239</u> ft.		
5. Type and color of material		From	To	7. Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary		
Soil		0	2	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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		
Brown clay		2	62	9. Casing: Material <u>Stl</u> Height: Above <u>12</u> in. Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>36.91</u> lbs./ft. Dia <u>16</u> in. to <u>172</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>172</u> ft. depth gage No. <u>219</u>		
Med. to coarse sand & gravel		62	84	10. Screen: Manufacturer's name <u>Doerr</u> <u>Metal Products</u> Type <u>Stl</u> Dia. <u>16</u> " Slot/gauze <u>179</u> Length <u>68</u> " Set between <u>159</u> ft. and <u>171</u> ft. <u>177-213</u> ft. and <u>214-239</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>10-12</u>		
Brown clay w/sand lenses		84	95	11. Static water level: <u>111.3</u> ft. below land surface Date <u>2/18/77</u> mo./day/yr.		
Md. to coarse sand & gravel		95	171	12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>1500</u> g.p.m.		
Brown clay		171	176	13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____		
Med. to coarse sand & gravel		176	192	14. Well head completion: ____ Pitless adapter <u>12</u> inches above grade		
Brown clay		192	196	15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
Med. to coarse sand & gravel		196	214	16. Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? ____ Yes ____ No		
Brown clay		214	220	17. Pump: ____ Not installed Manufacturer's name <u>Layne</u> Model number <u>12KM</u> HP <u>125</u> Volts ____ Length of drop pipe <u>160</u> ft. capacity <u>900</u> g.p.m. Type: ____ Submersible <input checked="" type="checkbox"/> Turbine ____ Jet ____ Reciprocating ____ Centrifugal ____ Other		
Med. to coarse sand & gravel		220	239	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>Layne Western Co.</u> 102 Business name <u>Wichita, Kansas</u> License No. ____ Address <u>1011 N. 1st</u> Signed <u>2/21/77</u> Date <u>2/21/77</u> Authorized representative		
Red shale		239	245			
(Use a second sheet if needed)						
18. Elevation: <u>2009</u> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <u>27668</u> <u>29 14 11 NBX</u>				

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

Form WWC-5