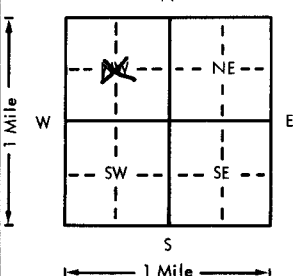


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>C NW 1/4</b>	Section number <b>29</b>	Township number <b>T 29 S</b>	Range number <b>R 14 EW</b>
2. Distance and direction from nearest town or city: <b>3 mi West &amp; 1 mi South of Coats</b> Street address of well location if in city:			3. Owner of well: <b>Fred Kerr</b> R.R. or street: <b>Coats, Kansas</b> City, state, zip code:		
4. Locate with "X" in section below: <div style="text-align: center;">  <p>Well No. 2 (TH 1-76)</p> </div> Sketch map:			6. Bore hole dia. <b>30</b> in. Completion date <b>2-3-77</b> Well depth <b>175</b> ft.		
5. Type and color of material			7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
			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		
			9. Casing: Material <b>stl</b> Height: Above <b>below</b> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>31.25</b> lbs./ft. Dia. <b>16</b> in. to <b>40</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>188</b>		
			10. Screen: Manufacturer's name <b>Doerr</b> <b>Steel Products Co.</b> Type <b>Steel</b> Dia. <b>16</b> " Slot/gauze <b>1/8</b> Length <b>36</b> ' Set between <b>139</b> ft. and <b>175</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <b>yes</b> Size range of material <b>3/8"</b>		
			11. Static water level: <input type="checkbox"/> mo./day/yr. <b>109</b> ft. below land surface Date <b>2-3-77</b>		
12. Pumping level below land surfaces: <b>140</b> ft. after <b>4</b> hrs. pumping <b>800</b> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>800</b> g.p.m.			13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade			15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>2</b> ft. to <b>10</b> ft.		
16. Nearest source of possible contamination: ft. <b>1500</b> Direction <b>NW</b> Type <b>FARM</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			17. Pump: Not installed Manufacturer's name <b>Layne &amp; Bowler</b> Model number <b>12 RL</b> HP <b>75</b> Volts <b>460</b> Length of drop pipe <b>140</b> ft. capacity <b>700</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
18. Elevation:			19. Remarks:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			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. <b>Layne Western Co.</b> 102 Business name License No. Address <b>Wichita, Kansas</b> Signed <b>[Signature]</b> Date <b>2-10-77</b> Authorized representative		

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

Form WWC-5