

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <b>ANDERSON</b>	<b>S 1/2 NE 1/4 NW 1/4 SE 1/4</b>	<b>3</b>	<b>T 21 S</b>	<b>R 18 E</b>

Distance and direction from nearest town or city: **2 1/2 NORTH, 2 1/4 WEST, 3/8 SOUTH, MT. IDA, KANSAS**

Street address of well if located within city?

WATER WELL OWNER: **MR + MRS WAYNE PRACHT**

RR#, St. Address, Box #: **RR. GARNETT KANSAS 66032**

City, State, ZIP Code

Board of Agriculture, Division of Water Resources  
Application Number:

DEPTH OF COMPLETED WELL ..... ft. Bore Hole Diameter ..... in. to ..... ft., and ..... in. to ..... ft.

Well Water to be used as:

<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 5 Public water supply	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 10 Observation well	<input type="checkbox"/> 11 Injection well	<input type="checkbox"/> 12 Other (Specify below)
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Well's static water level ..... ft. below land surface measured on ..... month ..... day ..... year

Pump Test Data : Well water was ..... ft. after ..... hours pumping ..... gpm

Est. Yield gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 8 Concrete tile	<input type="checkbox"/> 9 Other (specify below)	Casing Joints: Glued ..... Clamped .....
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> Blank casing dia ..... in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 8 Concrete tile	<input type="checkbox"/> 9 Other (specify below)	<input type="checkbox"/> 10 Asbestos-cement	<input type="checkbox"/> 11 Other (specify) .....

Casing height above land surface ..... in., weight ..... lbs./ft. Wall thickness or gauge No .....

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (specify) .....
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 12 None used (open hole)

Screen or Perforation Openings Are:

<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	<input type="checkbox"/> 10 Other (specify) .....

Screen-Perforation Dia ..... in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Screen-Perforated Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

Gravel Pack Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grouted Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Cess pool	<input type="checkbox"/> 7 Sewage lagoon	<input type="checkbox"/> 10 Fuel storage	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Seepage pit	<input type="checkbox"/> 8 Feed yard	<input type="checkbox"/> 11 Fertilizer storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Lateral lines	<input type="checkbox"/> 6 Pit privy	<input type="checkbox"/> 9 Livestock pens	<input type="checkbox"/> 12 Insecticide storage	<input type="checkbox"/> 16 Other (specify below)
<input type="checkbox"/> 13 Watertight sewer lines				

Direction from well ..... How many feet ..... ? Water Well Disinfected? Yes ..... No .....

Was a chemical/bacteriological sample submitted to Department? Yes ..... No ..... If yes, date sample was submitted ..... month ..... day ..... year: Pump Installed? Yes ..... No .....

If Yes: Pump Manufacturer's name ..... Model No. .... HP ..... Volts .....

Depth of Pump Intake ..... ft. Pumps Capacity rated at ..... gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **MARCH 30 1975** month day year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ....

This Water Well Record was completed on **APRIL 15 1981** month day year under the business name of **SWANK WATER WELL DRILLING** by (signature) **George A Swank**

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
			<p style="font-size: 2em; font-weight: bold;">NO LOG WELL PLUGGED</p>			

ELEVATION: Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft. 4. .... ft. (Use a second sheet if needed)

INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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EW

SEC

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