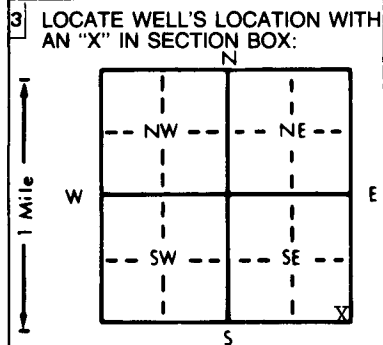


1 LOCATION OF WATER WELL: County: <u>Greeley</u>	Fraction <u>SE 1/4 SE 1/4 SE 1/4</u>	Section Number <u>22</u>	Township Number <u>T 20 S</u>	Range Number <u>R 39 E W</u>
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Distance and direction from nearest town or city street address of well if located within city? 360 ft. north  
 From southeast corner of Selkirk - 13 miles south, 4 miles west, 1 mile north 50 ft. west

2 WATER WELL OWNER: L - M Farm & Cattle Company - Blake Himmelwright  
 RR#, St. Address, Box # : P. O. Box 987 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : Pratt, Kansas 67124 Application Number: 42,659



4 DEPTH OF COMPLETED WELL: 230 ft. ELEVATION: .....

Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.

WELL'S STATIC WATER LEVEL 167 ft. below land surface measured on mo/day/yr 11/20/97

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm

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

Bore Hole Diameter 30 in. to 230 ft., and ..... in. to ..... ft.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well .....

Was a chemical/bacteriological sample submitted to Department? Yes ..... No X .....; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes ..... No X .....

5 TYPE OF BLANK CASING USED:

<input checked="" type="radio"/> 1 Steel	<input type="radio"/> 3 RMP (SR)	<input type="radio"/> 5 Wrought iron	<input type="radio"/> 8 Concrete tile	CASING JOINTS: Glued ..... Clamped .....
<input type="radio"/> 2 PVC	<input type="radio"/> 4 ABS	<input type="radio"/> 6 Asbestos-Cement	<input type="radio"/> 9 Other (specify below)	Welded <u>X</u> .....
		<input type="radio"/> 7 Fiberglass		Threaded .....

Blank casing diameter 16 in. to 175 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface 12 in., weight 42.05 lbs./ft. Wall thickness or gauge No. 250

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input checked="" type="radio"/> 1 Steel	<input type="radio"/> 3 Stainless steel	<input type="radio"/> 5 Fiberglass	<input type="radio"/> 8 RMP (SR)	<input type="radio"/> 10 Asbestos-cement
<input type="radio"/> 2 Brass	<input type="radio"/> 4 Galvanized steel	<input type="radio"/> 6 Concrete tile	<input type="radio"/> 9 ABS	<input type="radio"/> 11 Other (specify) .....
				<input type="radio"/> 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

<input type="radio"/> 1 Continuous slot	<input checked="" type="radio"/> 3 Mill slot	<input checked="" type="radio"/> 6 Wire wrapped	<input type="radio"/> 8 Saw cut	<input type="radio"/> 11 None (open hole)
<input type="radio"/> 2 Louvered shutter	<input type="radio"/> 4 Key punched	<input type="radio"/> 7 Torch cut	<input type="radio"/> 9 Drilled holes	
			<input type="radio"/> 10 Other (specify) .....	

SCREEN-PERFORATED INTERVALS: From 175 ft. to 230 ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 20 ft. to 230 ft., From ..... ft. to ..... ft.

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

Grout Intervals: From 0 ft. to 20 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:

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

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
		See attached log			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  (1) constructed,  (2) reconstructed, or  (3) plugged under my jurisdiction and was completed on (mo/day/year) 12/31/97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 208. This Water Well Record was completed on (mo/day/yr) 1/13/98 under the business name of Minter-Wilson Drilling Co., Inc. by (signature) Nora Keller

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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

1/4

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