

1 LOCATION OF WATER WELL
 County: Pratt Fraction 1/4 SW 1/4 SW 1/4 Section Number 21 Township Number T 26 S Range Number R 11 E/W

Distance and direction from nearest town or city? 1 mile East 1/4 North of Preston Kansas
 Street address of well if located within city?

2 WATER WELL OWNER: W W Brown
 RR#, St. Address, Box #: Preston Kansas 67569
 City, State, ZIP Code: 67569
 Board of Agriculture, Division of Water Resources
 Application Number:

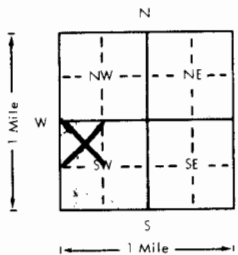
3 DEPTH OF COMPLETED WELL: 60 ft. Bore Hole Diameter: 8 in. to 60 ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 2 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)
 10 Observation well
 Well's static water level: 42 ft. below land surface measured on 10 month 9 day 79 year
 Pump Test Data NA Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued _____ Clamped _____
 2 PVC 2 4 ABS 7 Fiberglass 9 Other (specify below) Welded _____
 Blank casing dia: 5 in. to 60 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 2 feet in., weight _____ lbs./ft. Wall thickness or gauge No: 4
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
 12 None used (open hole)
 Screen or Perforation Openings Are:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia: 5 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 5 ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 1 To 10 ft. to 60 To 60 ft., From 60 ft. to Gravel Pack ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 1 ft. to 10 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) _____
 13 Watertight sewer lines
 Direction from well: NW How many feet: 60 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 By Leon No
 If Yes: Pump Manufacturer's name: Steyrite Model No. SP4ED2E HP _____ Volts 230
 Depth of Pump Intake: 50 ft. Pumps Capacity rated at 8 gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 10 month 17 day _____ year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 2269
 This Water Well Record was completed on _____ month _____ day _____ year under the business name of Weber Well Service by (signature) Leon G Weber

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<u>0</u>	<u>1</u>				
<u>1</u>	<u>10</u>	<u>Clay and Sand</u>			
<u>10</u>	<u>20</u>	<u>Sand</u>			
<u>20</u>	<u>30</u>	<u>Sand and Clay</u>			
<u>30</u>	<u>40</u>	<u>Sand and Gravel</u>			
<u>40</u>	<u>50</u>	<u>Sand fine</u>			
<u>50</u>	<u>60</u>	<u>Coarse Gravel</u>			
<u>Total Depth of well 60 feet</u>					

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.

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