

| | | | | |
|---|----------------------------------|-----------------------------|----------------------------------|---------------------------------|
| 1 LOCATION OF WATER WELL: County: Pratt | Fraction NW 1/4 SW 1/4 NE 1/4 | Section Number 13 | Township Number T 26 S | Range Number R 12 E/W |
|---|----------------------------------|-----------------------------|----------------------------------|---------------------------------|

Distance and direction from nearest town or city street address of well if located within city?
Approximately 1 3/4 mile north and 1 1/2 mile west of Preston

2 WATER WELL OWNER: **Kenny Rundell**
 RR#, St. Address, Box # : **Route 1**
 City, State, ZIP Code : **Preston, KS 67569**
 Board of Agriculture, Division of Water Resources
 Application Number:

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

4 DEPTH OF COMPLETED WELL: **80** ft. ELEVATION: **unknown**

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

WELL'S STATIC WATER LEVEL **30** ft. below land surface measured on mo/day/yr **10-18-91**

Pump test data: Well water was **not ch'd** ft. after hours pumping gpm

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

Bore Hole Diameter **9** in. to **78** 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 |
| 2 Irrigation | 4 Industrial | 7 Lawn and garden only |
| | | 10 Monitoring well |
| | | 12 Other (Specify below) |

Stack

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

Water Well Disinfected? Yes **X** No

5 TYPE OF BLANK CASING USED:

| | | | | |
|---------|------------|-------------------|-------------------------|----------------|
| 1 Steel | 3 RMP (SR) | 6 Asbestos-Cement | 9 Other (specify below) | Welded |
| 2 PVC | 4 ABS | 7 Fiberglass | | Threaded |

Blank casing diameter **5** in. to **58** ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface **24** in., weight **2.87** lbs./ft. Wall thickness or gauge No. **265**

TYPE OF SCREEN OR PERFORATION MATERIAL:

| | | | | |
|---------|--------------------|-----------------|------------|--------------------------|
| 1 Steel | 3 Stainless steel | 5 Fiberglass | 8 RMP (SR) | 11 Other (specify) |
| 2 Brass | 4 Galvanized steel | 6 Concrete tile | 9 ABS | 12 None used (open hole) |

SCREEN OR PERFORATION OPENINGS ARE:

| | | | |
|--------------------|---------------|----------------|--------------------------|
| 1 Continuous slot | 3 Mill slot | 6 Wire wrapped | 9 Drilled holes |
| 2 Louvered shutter | 4 Key punched | 7 Torch cut | 10 Other (specify) |

SCREEN-PERFORATED INTERVALS: From **58** ft. to **78** ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **20** ft. to **78** ft., From ft. to ft.

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

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

What is the nearest source of possible contamination:

| | | | | |
|--------------------------|-----------------|-----------------|------------------------|--------------------------|
| 1 Septic tank | 4 Lateral lines | 7 Pit privy | 10 Livestock pens | 14 Abandoned water well |
| 2 Sewer lines | 5 Cess pool | 8 Sewage lagoon | 11 Fuel storage | 15 Oil well/Gas well |
| 3 Watertight sewer lines | 6 Seepage pit | 9 Feedyard | 12 Fertilizer storage | 16 Other (specify below) |
| | | | 13 Insecticide storage | None known |

Direction from well? How many feet?

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|----|--|------|----|--------------------|
| 0 | 6 | Topsoil, clay, brown | | | |
| 6 | 38 | Clay, hard, brown | | | |
| 38 | 42 | Sand, fine | | | |
| 42 | 57 | Sand, fine, medium, mixed with some clay | | | |
| 57 | 78 | Sand and gravel, meidum to coarse clean, loose | | | |
| 78 | | Clay | | | |

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) **10-18-91** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **185** This Water Well Record was completed on (mo/day/yr) **10-29-91** under the business name of **Clarke Well & Equipment, Inc.** by (signature) *Paul W. Clarke*

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 T R E W SEC 1/4 1/4 1/4