

1 LOCATION OF WATER WELL: County: <u>Pratt</u>	Fraction <u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$	Section Number <u>29</u>	Township Number <u>T 26</u> <u>S</u>	Range Number <u>R 12W</u> <u>E/W</u>
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Distance and direction from nearest town or city street address of well if located within city?

4 E, 1 1/2 N of Iuka, Kansas

2 WATER WELL OWNER: <u>Gene Studer</u>	Graves Drilling	Studer # <u>5</u>
RR#, St. Address, Box #: <u>Route 1</u>	<u>910 Union Center</u>	Board of Agriculture, Division of Water Resources
City, State, ZIP Code: <u>Pratt, Ks. 67124</u>	<u>Wichita, Kansas 67202</u>	Application Number: <u>T85-82</u>

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL... <u>125</u> ft. ELEVATION: .....
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Depth(s) Groundwater Encountered 1.....ft. 2.....ft. 3.....ft.

WELL'S STATIC WATER LEVEL ..... 50 ft. below land surface measured on mo/day/yr ..... 9/10/85

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..... in. to ..... ft., and..... in. to ..... ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic WAS	3 Feedlot	6 <u>Oil field water supply</u>
9 Dewatering	12 Other (Specify below)	
2 Irrigation	4 Industrial	7 Lawn and garden only
10 Observation well		

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

Water Well Disinfected? Yes No

5 TYPE OF CASING USED:	5 Wrought iron	8 Concrete tile
1 Steel	3 RMP (SR)	6 Asbestos-Cement
2 <u>PVC</u>	4 ABS	7 Fiberglass
9 Other (specify below)		

CASING JOINTS: Glued ..... Clamped .....  
Welded .....  
Threaded.....

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

Casing height above land surface .. 3 ft. below in., weight ..... lbs./ft. Wall thickness or gauge No. ....

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	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-PERFORATED INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.

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

6 GROUT MATERIAL: <u>1 Neat cement</u>	2 Cement grout	3 Bentonite	4 Other .....
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Grout Intervals: From..... 6 ft. to 3 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:

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

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
125	50	Sand			
50	6	Clay			
6	3	Cement			

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) .. 9/10/85 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... 186 ..... This Water Well Record was completed on (mo/day/yr) ..... 11/30/85 ..... under the business name of Kelly's Water Well Service by (signature) Resny Davis

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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

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E/W  
SEC.