

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number			
County: <b>Pratt</b>	<b>C 1/4 NE 1/4 NE 1/4</b>	<b>30</b>	<b>T 26 S</b>	<b>R 12W E/W</b>			
Distance and direction from nearest town or city? <b>2 N, 4 E of Iuka, Kansas</b>		Street address of well if located within city?					
2 WATER WELL OWNER: <b>Abercrombie Drilling</b>							
RR#, St. Address, Box # : <b>801 Union Center</b>		Board of Agriculture, Division of Water Resources					
City, State, ZIP Code : <b>Wichita, Kansas 67202</b>		Application Number: <b>Unknown</b>					
3 DEPTH OF COMPLETED WELL: <b>100</b> ft. Bore Hole Diameter: <b>8</b> in. to <b>100</b> ft. and ..... in. to ..... ft.							
Well Water to be used as:							
1 Domestic		3 Feedlot		5 Public water supply			
2 Irrigation		4 Industrial		6 Oil field water supply			
				7 Lawn and garden only			
				8 Air conditioning			
				9 Dewatering			
				10 Observation well			
				11 Injection well			
				12 Other (Specify below)			
Well's static water level: <b>47</b> ft. below land surface measured on <b>12</b> month <b>3</b> day <b>1979</b> year							
Pump Test Data: Well water was ..... ft. after ..... hours pumping ..... gpm							
Est. Yield <b>60</b> gpm: Well water was ..... ft. after ..... hours pumping ..... gpm							
4 TYPE OF BLANK CASING USED:							
1 Steel		3 RMP (SR)		5 Wrought iron			
2 PVC		4 ABS		6 Asbestos-Cement			
				7 Fiberglass			
				8 Concrete tile			
				9 Other (specify below)			
				Casing Joints: <u>Glued</u> ..... Clamped ..... <u>Welded</u> ..... Threaded .....			
Blank casing dia: <b>5</b> in. to <b>80</b> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.							
Casing height above land surface: <b>12</b> in., weight <b>2.8</b> lbs./ft. Wall thickness or gauge No <b>Sch. 40</b>							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel		3 Stainless steel		5 Fiberglass			
2 Brass		4 Galvanized steel		6 Concrete tile			
				7 PVC			
				8 RMP (SR)			
				9 ABS			
				10 Asbestos-cement			
				11 Other (specify) .....			
				12 None used (open hole)			
Screen or Perforation Openings Are:							
1 Continuous slot		3 Mill slot		5 Gauzed wrapped			
2 Louvered shutter		4 Key punched		6 Wire wrapped			
				7 Torch cut			
				8 Saw cut			
				9 Drilled holes			
				11 None (open hole)			
Screen-Perforation Dia: <b>5</b> in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.							
Screen-Perforated Intervals: From <b>80</b> ft. to <b>100</b> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.							
Gravel Pack Intervals: From <b>10</b> ft. to <b>100</b> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.							
5 GROUT MATERIAL:							
0 Neat cement		2 Cement grout		3 Bentonite			
10				4 Other .....			
Grouted Intervals: From ..... ft. to <b>10</b> 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			
2 Sewer lines		5 Seepage pit		8 Feed yard			
3 Lateral lines		6 Pit privy		9 Livestock pens			
				10 Fuel storage			
				11 Fertilizer storage			
				12 Insecticide storage			
				13 Watertight sewer lines			
				14 Abandoned water well			
				15 Oil well/Gas well			
				16 Other (specify below)			
Direction from well: <b>Northeast</b> How many feet: <b>75</b> ? Water Well Disinfected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date sample was submitted ..... month ..... day ..... year: Pump Installed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
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							
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 ..... <b>December</b> ..... month ..... <b>3</b> ..... day ..... <b>1979</b> ..... year							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>186</b>							
This Water Well Record was completed on ..... <b>February</b> ..... month ..... <b>21</b> ..... day ..... <b>1980</b> ..... year under the business name of <b>Kelly's Water Well Service</b> by (signature) <i>Kelly Price</i>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	52	Clay			
		52	100	Sand and gravel			
ELEVATION: <b>Unknown</b>							
Depth(s) Groundwater Encountered 1. <b>47</b> ft. 2. .... ft. 3. .... ft. 4. .... ft. (Use a second sheet if needed)							

OFFICE USE ONLY

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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 one for your records.