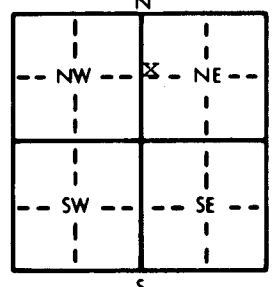


1 LOCATION OF WATER WELL: County: <u>Pratt</u>	Fraction <u>SW 1/4 NW 1/4 NE 1/4</u>	Section Number <u>28</u>	Township Number <u>T 26 S</u>	Range Number <u>R 13 E/W</u>
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Distance and direction from nearest town or city street address of well if located within city?
Approx. 1 1/2 mile north of Iuka, KS (well #2 of 2 wells, Deep Well, 10' south of #1)

2 WATER WELL OWNER: KDHE - Black Oil
 RR#, St. Address, Box # : Box 801
 City, State, ZIP Code : Pratt, KS
 Board of Agriculture, Division of Water Resources
 Application Number: n/a

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <u>187'</u> ft. ELEVATION: <u>unknown</u> Depth(s) Groundwater Encountered 1. <u>30</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>30</u> ft. below land surface measured on <u>mo/day/yr</u> <u>11/22/85</u> Pump test data: Well water was <u>not ck'd</u> ft. after _____ hours pumping _____ gpm Est. Yield <u>unknown</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>9</u> in. to <u>187</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well 12 Other (Specify below) <u>MONITOR</u> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>
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5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter 5 in. to 182 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 24 in., weight 2.277 lbs./ft. Wall thickness or gauge No. 214

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 8 RMP (SR) 11 Other (specify) _____
 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 182 ft. to 187 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 10 ft. to 166 ft., From _____ ft. to _____ ft.
 From 170 ft. to 187 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: A1 Neat cement 2 Cement grout 3 Bentonite B 4 Other Expanding Bentonite Pellets
 Grout intervals: From A 0 ft. to 10 ft., From B 166 ft. to 170 ft., From _____ ft. to _____ 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 Other (specify below)
unplugged oil wells
 Direction from well? east How many feet? 600

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	20	Topsoil & sand & sandy clay	153	187	Sand & gravel, fine
20	23	Sand & gravel, med.	187		Red shale
23	41	Sandy tan clay			
41	68	Sand & gravel, fine to med.			
68	79	Tan sandy clay w/caliche			
79	85	Sand & gravel, fine to med.			
85	95	Tan clay			
95	112.5	Brown clay			
112.5	113	Brown clay			
112	127	Sand & gravel, fine to med. to coarse w/streak of brown clay @ 127'			
127	142	Sand & gravel, med. to fine to coarse			
142	148	Tan clay			
148	151	Sand & gravel, fine to med.			
151	153	Tan 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) 11/22/85 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) 12/10/85 under the business name of Clarke Well & Equipment, Inc. by (signature) [Signature]

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.

OFFICE USE ONLY T R E/W SEC. 1/4 1/4 1/4