

OFFICE USE ONLY

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1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Pratt	NE 1/4 SE 1/4 NE 1/4	2	T 26 S	R 14 EW

Distance and direction from nearest town or city street address of well if located within city?  
 Approximately 2 miles north and 3 miles east of Byers

2 WATER WELL OWNER: Henderson Trust 222 S. Main  
 RR#, St. Address, Box # : The Peoples Bank Pratt, KS 67124 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : Attn: Ted Loomis Application Number:

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

4 DEPTH OF COMPLETED WELL: 77 ft. ELEVATION: unknown

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

WELL'S STATIC WATER LEVEL . . . 34 . . . ft. below land surface measured on mo/day/yr . . . 1-15-92

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 . . . . 7.5 . . . 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)

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 . . . . 6.5 . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.

Casing height above land surface . . . . . 24 . . . in., weight . . . . 2.36 . . . lbs./ft. Wall thickness or gauge No. . . . 2.14 . . . . .

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) . . . . .
		5 Gauzed wrapped	8 Saw cut
			11 None (open hole)

SCREEN-PERFORATED INTERVALS: From . . . . . 65 . . . ft. to . . . . 75 . . . ft., From . . . . . ft. to . . . . . ft.

GRAVEL PACK INTERVALS: From . . . . . 20 . . . ft. to . . . . 75 . . . 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	Septic System . . . . .

Direction from well? west

How many feet? Approximately 100'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Topsoil, sandy			
4	9	Clay, tan, soft, silty			
9	13	Clay, tan, hard, silty			
13	20	Clay, gray, hard, silty			
20	30	Clay, reddish-tan, silty			
30	35	Clay, reddish-tan, thin sand streaks			
35	49	Sand and gravel, fine, medium, loose, clean			
49	57	Clay, tan			
57	75	Sand and gravel, fine, medium, coarse, loose, clean			
75		Clay, white, hard			

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) . . . . . 1-15-92 . . . . . 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) . . . . 1-17-92 . . . . . 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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.