1		ER WELL RECORD FO	orm WWC-5				· · · · · ·
LOCATION OF WATER WELL		SW 1/4 NW	1	tion Number	Township Nu T 26	umber S	Range Number
County: Pratt Distance and direction from nea	rest town or city street	address of well if located	within city?	_	1 20	3	I II II EWY
		NOF	PRA	II, K	5		
	Murfin Drilling	g Co.	•	3			
	Box 183					_	Division of Water Resources
City, State, ZIP Code :	Pratt Ks. Bis	nop A-1			Application		
LOCATE WELL'S LOCATION AN "X" IN SECTION BOX:	Depth(s) Ground	COMPLETED WELLdwater Encountered 1	65 . <b>3</b> /	ft. ELEVAT	「ION:	ft. 3	
©PVC 4 A Blank casing diameter 5 Casing height above land surface TYPE OF SCREEN OR PERFO	Est. Yield / O Bore Hole Diam WELL WATER 1 Domestic 2 Irrigation Was a chemical mitted  USED: RMP (SR) ABS In. to 45 CRATION MATERIAL: Stainless steel Galvanized steel DPENINGS ARE: 3 Mill slot 4 Key punched RVALS: From.	p test data: Well water of the control of the contr	Public wate Dil field wate Lawn and gomitted to De  8 Concre 9 Other in. to  PV 8 RM 9 AB wrapped apped ut 65	t. af	ter	hours pur hours pur hours pur hours pur in	in. to ft.  co. 214-  int hole)  11 None (open hole)
GRAVEL PACK INTER	RVALS: From	<i>J.O</i> ft. to	65	ft., Fron	n	ft. to	o
GROUT MATERIAL:	From Neat cement	ft. to	2 Ponto	ft., Fron			σ π.
_	•	•					ft. to
What is the nearest source of p				10 Livest			bandoned water well
	4 Lateral lines	7 Pit privy		11 Fuel s	•		il well/Gas well
	5 Cess pool	8 Sewage lagoo	n		zer storage		ther (specify below)
3 Watertight sewer lines	-	9 Feedyard	11		icide storage		LONE
Direction from well?	o Seepage pit	9 Feedyald		How man	•	/ 8	(4 (Y. <del></del>
FROM TO	LITHOLOGIC	LOG	FROM	TO		LITHOLOG	IC LOG
	top soil						· · · · · · · · · · · · · · · · · · ·
	dark brown						
	gray						
	very fine to	fine					
		e with gray and					
		reaks throughout					
		and med gravel,					
. 1 - 1	brown	and med Braver	10000				
- 05   75   Clay,	DIOMI						
			L	LL.			
7 CONTRACTOR'S OR LAND completed on (mo/day/year) Water Well Contractor's License	. 31. Aug	This Water Wel		and this recor s completed o	d is true to the be on (mo/day/yr) /	st of my kno	owledge and belief. Kansas
under the business name of Ce	entral Well Inc	Pratt Ks.	DD4 := :	by (signat		m	ull
INSTRUCTIONS: Use typewriter three copies to Kansas Departme OWNER and retain one for you	ent of Health and Environ						