

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <b>Pratt</b>		<b>SE 1/4 NW 1/4 SE 1/4</b>	<b>23</b>	<b>T 26 S</b>	<b>R 14 E</b>
Distance and direction from nearest town or city? <b>1 1/2 S of 3 E of BYERS, KS</b>			Street address of well if located within city?		

  

2 WATER WELL OWNER: <b>Oren Beery</b>		Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # :		Application Number:
City, State, ZIP Code : <b>Pratt, Kansas 67124</b>		

  

3 DEPTH OF COMPLETED WELL: <b>100</b> ft. Bore Hole Diameter: <b>30</b> in. to <b>100</b> ft. and _____ in. to _____ ft.	
Well Water to be used as:	<input type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 5 Public water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well <input checked="" type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well
Well's static water level: <b>35</b> ft. below land surface measured on <b>OCT</b> month <b>13</b> day <b>79</b> year	
Pump Test Data: Well water was <b>51</b> ft. after <b>1</b> hours pumping <b>800</b> gpm	
Est. Yield <b>1000</b> gpm: Well water was <b>55</b> ft. after <b>1</b> hours pumping <b>1000</b> gpm	

  

4 TYPE OF BLANK CASING USED:		Casing Joints: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped	
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile	<input type="checkbox"/> Welded <b>X</b>	
<input type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below)	<input type="checkbox"/> Threaded	
Blank casing dia <b>16</b> in. to <b>100</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		Casing height above land surface <b>12</b> in. weight <b>32.7</b> lbs./ft. Wall thickness or gauge No <b>.188</b>	
TYPE OF SCREEN OR PERFORATION MATERIAL:			
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 7 PVC <input type="checkbox"/> 10 Asbestos-cement		
<input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS	<input type="checkbox"/> 11 Other (specify) _____	<input type="checkbox"/> 12 None used (open hole)	
Screen or Perforation Openings Are:			
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)	
<input type="checkbox"/> 2 Louvered shutter <input checked="" type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes		
<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify) _____		
Screen-Perforation Dia <b>16</b> in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.			
Screen-Perforated Intervals: From <b>56</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: <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other	
Grouted Intervals: From <b>0</b> ft. to <b>10</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:	
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Cess pool <input type="checkbox"/> 7 Sewage lagoon <input type="checkbox"/> 10 Fuel storage <input type="checkbox"/> 14 Abandoned water well	<input type="checkbox"/> 11 Fertilizer storage <input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Seepage pit <input type="checkbox"/> 8 Feed yard <input type="checkbox"/> 12 Insecticide storage <input type="checkbox"/> 16 Other (specify below)	<input type="checkbox"/> 3 Lateral lines <input type="checkbox"/> 6 Pit privy <input type="checkbox"/> 9 Livestock pens <input type="checkbox"/> 13 Watertight sewer lines
Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes <b>X</b> No _____	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes <b>X</b> No _____	
If Yes: Pump Manufacturer's name <b>SIMMONS</b> Model No. _____ HP <b>40</b> Volts _____	
Depth of Pump Intake <b>85</b> ft. Pumps Capacity rated at <b>800</b> gal./min.	
Type of pump: <input type="checkbox"/> 1 Submersible <input checked="" type="checkbox"/> 2 Turbine <input type="checkbox"/> 3 Jet <input type="checkbox"/> 4 Centrifugal <input type="checkbox"/> 5 Reciprocating <input type="checkbox"/> 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>OCT</b> month <b>23</b> day <b>79</b> year	
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>325</b>	
This Water Well Record was completed on <b>June</b> month <b>26</b> day <b>80</b> year under the business name of <b>Central Well &amp; Pump Inc. Pratt, Kansas</b> by (signature) <b>Edithonmich</b>	

  

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	4	Sand, fine			
	4	8	Clay, tan	100	110	coarse gravel, loose
	8	16	Clay, brown			Clay, tan and white
	16	44	Clay, green and sandy			
	44	68	Sand, fine to coarse and coarse gravel, loose			
	68	70	Clay, tan			
	70	86	Sand, fine to coarse and coarse gravel, loose			
	86	92	Clay, tan			
	92	100	Sand, fine to coarse &			
	ELEVATION: _____					
	Depth(s) Groundwater Encountered 1. <b>35</b> ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)					

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 retain one for your records.

OFFICE USE ONLY

T

36

R

14

E

SEC.

23

SE

1/4

NW

1/4

SE

1/4