

1 LOCATION OF WATER WELL: County: <u>Pratt</u>	Fraction <u>1/4</u> Near Center of <u>1/4 S W 1/4</u>	Section Number <u>33</u>	Township Number <u>T 26 S</u>	Range Number <u>R 15 E/W</u>
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Distance and direction from nearest town or city street address of well if located within city?

Approx. 3 miles south and 5 1/2 miles west of Byers, KS

2 WATER WELL OWNER: <u>Wilbert Bevan</u> RR#, St. Address, Box # : <u>Route 2</u> City, State, ZIP Code : <u>Macksville, KS 67557</u>	Board of Agriculture, Division of Water Resources Application Number: <u>not required</u>
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>70</u> ft. ELEVATION: <u>unknown</u>
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N

	NW	NE
W	SW	SE
	S	E

1 Mile

Depth(s) Groundwater Encountered 1. 36 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 36 ft. below land surface measured on mo/day/yr 5-27-82

Pump test data: Well water was not ck'd ft. after _____ hours pumping _____ gpm

Est. Yield unknown gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter .9 in. to .70 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 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well

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 CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____
<u>2 PVC</u>	4 ABS	7 Fiberglass	Welded _____
Blank casing diameter <u>5</u> in. to <u>60</u> ft., Dia _____ in. to _____ ft.			Threaded _____
Casing height above land surface <u>12</u> in., weight <u>2.277</u> lbs./ft. Wall thickness or gauge No. <u>214</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:		<u>7 PVC</u>	10 Asbestos-cement
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
11 Other (specify) _____			12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped	8 Saw cut
1 Continuous slot	3 Mill slot	6 Wire wrapped	11 None (open hole)
2 Louvered shutter	4 Key punched	7 Torch cut	<u>9 Drilled holes</u>
			10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From <u>60</u> ft. to <u>70</u> ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <u>50</u> ft. to <u>70</u> ft., From _____ ft. to _____ ft.			
Annular Fill From <u>10</u> ft. to <u>46</u> ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL: <u>1 Neat cement</u>	2 Cement grout	3 Bentonite	4 Other _____
Grout Intervals: From <u>0</u> ft. to <u>10</u> ft., From <u>46</u> ft. to <u>50</u> ft., From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:		10 Livestock pens	14 Abandoned water well
1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage
2 Sewer lines	5 Cess pool	8 Sewage lagoon	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage
			16 <u>Other (specify below)</u>
			<u>PASTURE LAND</u>
Direction from well? <u>All</u>		How many feet?	

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	Fine sand, topsoil			
5	35	Sand & sandy tan clay			
35	46	Sand & gravel, med. to fine, clean			
46	60	Sandy tan clay w/some streaks of fine sand & gravel			
60	70	Sand & gravel, med., clean, some coarse			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-27-82</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>185</u> This Water Well Record was completed on (mo/day/yr) <u>8-14-82</u> under the business name of <u>Clarke Well & Eq., Inc.</u> by (signature) <u>[Signature]</u>
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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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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R

E/W

SEC.

33

C of SW 1/4

1/4