

1) LOCATION OF WATER WELL: County: <u>Beno</u>		Fraction: <u>NE ¼ NE ¼ NE ¼</u>	Section Number: <u>30</u>	Township Number: <u>T 26 S</u>	Range Number: <u>R 4 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>3 miles West of St. Joe Kansas</u>					
2) WATER WELL OWNER: RR#, St. Address, Box #: <u>Box 54A</u> City, State, ZIP Code: <u>Pratt KS. 67124</u>			Board of Agriculture, Division of Water Resources Application Number:		
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4) DEPTH OF COMPLETED WELL: <u>60</u> ft. ELEVATION: _____ ft.			
Diagram of a section box divided into four quadrants: NW, NE, SW, and SE. An 'X' is marked in the NE quadrant. The box is labeled 'N' at the top, 'S' at the bottom, 'W' on the left, and 'E' on the right. A scale bar indicates 1 mile.		Depth(s) Groundwater Encountered _____ ft. 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>13</u> ft. below land surface measured on mo/day/yr <u>9-2-93</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter _____ in. to _____ 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 Monitoring well			
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 <u>X</u> No _____					
5) TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		CASING JOINTS: Glued _____ Clamped _____	
☒ 2 PVC		4 ABS		Welded _____ Threaded _____	
Blank casing diameter <u>5</u> in. to <u>18</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface <u>12</u> in., weight <u>2.60</u> lbs./ft. Wall thickness or gauge No. <u>160 FSI</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 PVC	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		☒ 3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify) _____	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <u>18</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>18</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6) GROUT MATERIAL:					
1 Neat cement		☒ 2 Cement grout		3 Bentonite	
4 Other _____					
Grout Intervals: From <u>3</u> ft. to <u>18</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below) <u>Cherry Reservoir</u>	
Direction from well? <u>West</u> How many feet? <u>1500</u>					
FROM		TO		LITHOLOGIC LOG	
FROM		TO		PLUGGING INTERVALS	
0		2		top soil	
2		60		shale	
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) <u>9-2-93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>318</u> . This Water Well Record was completed on (mo/day/yr) <u>9-14-93</u> under the business name of <u>Weninger Drilling Inc</u> by (signature) <u>Susan K Weninger</u>					
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.					