

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Reno</u>		<u>SE 1/4 SE 1/4 SW 1/4</u>	<u>26</u>	T <u>26</u> S	R <u>6</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>25.3E. Pretty Prairie</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # : <u>RT.2 Box 18</u>		Application Number:			
City, State, ZIP Code : <u>Pretty Prairie, KS. 67570</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>67</u> ft. ELEVATION: <u>50</u> ft.			
		Depth(s) Groundwater Encountered 1. <u>30</u> ft. 2. <u>50</u> ft. 3. <u>8-29-91</u> ft.			
		WELL'S STATIC WATER LEVEL <u>30</u> ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was <u>30</u> ft. after <u>67</u> hours pumping <u>8-29-91</u> gpm			
		Est. Yield <u>30</u> gpm: Well water was <u>67</u> ft. after <u>8-29-91</u> hours pumping <u>8-29-91</u> gpm			
		Bore Hole Diameter <u>10</u> in. to <u>67</u> ft., and <u>67</u> in. to <u>67</u> ft.			
		WELL WATER TO BE USED AS:			
		1 Domestic <u>3</u> Feedlot <u>6</u> Oil field water supply <u>9</u> Dewatering <u>12</u> Other (Specify below) 2 Irrigation <u>4</u> Industrial <u>7</u> Lawn and garden only <u>10</u> Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes <u>X</u> No <u>X</u> ; If yes, mo/day/yr sample was submitted			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: <u>Glued</u> <u>Clamped</u>			
1 Steel <u>2</u> PVC 3 RMP (SR) <u>4</u> ABS 5 Wrought iron <u>6</u> Asbestos-Cement <u>7</u> Fiberglass		8 Concrete tile <u>9</u> Other (specify below) 10 Asbestos-cement <u>11</u> Other (specify) 12 None used (open hole)			
Blank casing diameter <u>5</u> in. to <u>47</u> ft., Dia <u>18</u> in. weight <u>18</u> lbs./ft. Wall thickness or gauge No. <u>SPR26</u>					
Casing height above land surface <u>18</u> in.					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC <u>10</u> Asbestos-cement 1 Steel <u>3</u> Stainless steel <u>5</u> Fiberglass <u>8</u> RMP (SR) <u>11</u> Other (specify) 2 Brass <u>4</u> Galvanized steel <u>6</u> Concrete tile <u>9</u> ABS <u>12</u> None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped <u>8</u> Saw cut <u>11</u> None (open hole) 1 Continuous slot <u>3</u> Mill slot <u>6</u> Wire wrapped <u>9</u> Drilled holes 2 Louvered shutter <u>4</u> Key punched <u>7</u> Torch cut <u>10</u> Other (specify)			
SCREEN-PERFORATED INTERVALS:		From <u>47</u> ft. to <u>67</u> ft., From <u>67</u> ft. to <u>67</u> ft., From <u>67</u> ft. to <u>67</u> ft. From <u>67</u> ft. to <u>67</u> ft., From <u>67</u> ft. to <u>67</u> ft., From <u>67</u> ft. to <u>67</u> ft.			
GRAVEL PACK INTERVALS:		From <u>20</u> ft. to <u>67</u> ft., From <u>67</u> ft. to <u>67</u> ft., From <u>67</u> ft. to <u>67</u> ft.			
6 GROUT MATERIAL:		1 Neat cement <u>2</u> Cement grout <u>3</u> Bentonite <u>4</u> Other <u>Baroid - Hole plug</u> Grout Intervals: From <u>3</u> ft. to <u>20</u> ft., From <u>20</u> ft. to <u>67</u> ft., From <u>67</u> ft. to <u>67</u> ft.			
What is the nearest source of possible contamination:		10 Livestock pens <u>14</u> Abandoned water well 11 Fuel storage <u>15</u> Oil well/Gas well 12 Fertilizer storage <u>16</u> Other (specify below) 13 Insecticide storage			
1 Septic tank <u>4</u> Lateral lines <u>7</u> Pit privy 2 Sewer lines <u>5</u> Cess pool <u>8</u> Sewage lagoon 3 Watertight sewer lines <u>6</u> Seepage pit <u>9</u> Feedyard					
Direction from well? <u>S.W.</u>		How many feet? <u>150</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Soil			
3	20	Clay			
20	37	Med. Sand			
37	49	Clay			
49	67	Coarse Sand			
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>8-29-91</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>395</u> This Water Well Record was completed on (mo/day/yr) <u>10-18-91</u>					
under the business name of <u>Craig Roberts Co.</u> by (signature) <u>Craig Roberts</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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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