

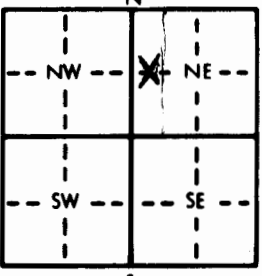
1 LOCATION OF WATER WELL: County: **Pratt** Fraction: **CW1/2 of W1/2 of NE 1/4** Section Number: **27** Township Number: **T 27 S** Range Number: **R 11 W EW**

Distance and direction from nearest town or city street address of well if located within city?

12E 1.75N .44W of Pratt, Kansas

2 WATER WELL OWNER: **Mark Betzen**
 RR#, St. Address, Box #: **RR**
 City, State, ZIP Code: **Cunningham, Kansas**
 Board of Agriculture, Division of Water Resources
 Application Number: **35,922**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: **115** ft. ELEVATION:

Depth(s) Groundwater Encountered 1. **48.7** ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL **48.7** ft. below land surface measured on mo/day/yr **9 Dec 85**

Pump test data: Well water was **69.2** ft. after **1** hours pumping **901** gpm

Est. Yield gpm: Well water was **76.2** ft. after **1** hours pumping **1105** gpm

Bore Hole Diameter: **30** in. to **115** ft., and in. to ft.

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> 1 Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 12 Other (Specify below)
<input checked="" type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 10 Observation well	

5 Public water supply 8 Air conditioning 11 Injection well

Was a chemical/bacteriological sample submitted to Department? Yes.....No; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 7 Fiberglass		Welded
				Threaded

Blank casing diameter **16** in. to **75** ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface **12** in., weight **42.05** lbs./ft. Wall thickness or gauge No. **250**

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"/> 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-PERFORATED INTERVALS: From **75** ft. to **115** ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **10** ft. to **115** ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From **0** ft. to **10** 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 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 16 Other (specify below)
			<input type="checkbox"/> 13 Insecticide storage	<input type="checkbox"/> none

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Soil			
2	10	Clay, tan and white			
10	86	Sand, fine to coarse and med to coarse gravel			
86	88	Clay, tan			
88	105	Sand, fine to coarse and coarse gravel			
105	107	Clay, tan			
107	115	Sand, fine to coarse and coarse gravel			
115	116	Clay, green			

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) **6 Dec 85** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **325** This Water Well Record was completed on (mo/day/yr) **25 Jan 86** under the business name of **Central Well and Pump** by (signature) *[Signature]*

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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R EW SEC. 1/4 1/4 1/4