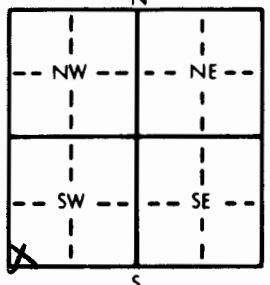


1 LOCATION OF WATER WELL: County: **PRATT** Fraction: **SW 1/4 SW 1/4 SW 1/4** Section Number: **33** Township Number: **T 27 S** Range Number: **R 12 E**

Distance and direction from nearest town or city street address of well if located within city? **4 miles east of Pratt**

2 WATER WELL OWNER: **Kansas Geological Survey**
 RR#, St. Address, Box #: **1930 Constant Ave**
 City, State, ZIP Code: **Lawrence, Kansas 66044**
 Board of Agriculture, Division of Water Resources
 Application Number: **1772**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: **X** (in SW 1/4)



4 DEPTH OF COMPLETED WELL: **28** ft. ELEVATION: **1772**
 Depth(s) Groundwater Encountered: **10** ft. 2. **6** ft. 3. **0/2/83** ft.
 WELL'S STATIC WATER LEVEL: **10** ft. below land surface measured on mo/day/yr **0/2/83**
 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: **6 3/4** in. to **20** ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 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 _____ No **X**

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter **2** in. to **20** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **24** in., weight _____ lbs./ft. Wall thickness or gauge No. **Schedule 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 12 None used (open hole)

SCREEN-PERFORATED INTERVALS: From **26** ft. to **28** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **5** ft. to **28** 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 **backfill**
 Grout Intervals: From **0** ft. to **5** ft., From _____ ft. to _____ ft., From **5** ft. to **20** ft.

What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) **river**

Direction from well? FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	clayey gravelly sand			
5	6	of sandy clay			
6	28	loose sand and gravel			

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) **6/29/83** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) **10/31/83** under the business name of **KGS** by (signature) **P. Allen Manfaron**

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 T 27 R 12 E 33 SW SW SW SW

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