			ATER WELL RE	CORD	Form W	/WC-F		32a-1212 IE							
1 LOCATION OF WATER WELL: Fraction							Sec	ction Numbe			ship Nur	nber	R	Range Nun	nber
County:					NE 14		E 1/4	23		Т	_27	S	R	13	Ę₹W
			town or city stree			i locat	ed within ci	ty?							
			east of P	ratt,	<u>KS</u>					··· · · · · · · · · · · · · · · · · ·					
		NER: John													
			2 NE 20 St										Division	ı of Water	Resources
City, State, ZI		Pratt	t, KS 671	24			106				ation Nu				
3 LOCATE W			4 DEPTH OF												
AN A IIV	SECTION	ВОХ:	Depth(s) Groui WELL'S STATI	∩dwatei I∩ WΔTF	EUCORMETE	72	ft held	l	π. ∠.	one eurod (	on mo/ds	π. ა. 	7-15	-02	nt.
<b> </b>	!	!													
.     <sub></sub> N	Pump test data: Well water was														
	Bore Hole Diameter 7 in. to										ft.				
W ₩	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well														
= "	X 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Spec									Specify be	low)				
	sw	' 1 1	2 Irrigation		Industrial	7 D	omestic (lav	vn & garden)	10 N	/lonitoring	, well	Obse	rvat	ion	
	!	!	Was a chemical	-1/haataric	-taciaal cami										
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>                                     </u>		was a chemical mitted	l/bacterio	logicai samp	yle sup	mitted to De			No. <u>Vell Disinf</u> e					le was sub- lo X
5 TYPE OF	BLANK C	ASING USED:	<u> </u>	5 Wro	uaht iron		8 Concr	rete tile	TOI AA	CASIN	IG JOIN	TS: Glue	-d X	Clamp	ed
1 Steel		3 RMP (SF			estos-Cem			(specify bel			IG 04			=	eu
2 PVC		4 ABS	,		erglass										
	a diameter		in. to11												
Casing heigh	ht above la	and surface	24	in weir	nht S	ch ٤	30	lb	າs /ft.	Wall thick	ness or	natine N	lo		
<b>   </b>			TION MATERIAI		gint							yauye iv stos-cem			
1 Steel	ORELIN				erolass		8 RN	<u>/C</u> MP (SR) SS							
2 Brass		4 Galvaniz	s steel zed steel	6 Con	crete tile		9 AB	S (51.)				used (op			
SCREEN O	R PERFO		NINGS ARE:			5 Gauzed wrapped								11 None (open hole)	
	uous slot	3 Mi	fill slot		6 Wire wrapped				9 Drilled holes						
	red shutter		(ey punched			Torch									ft.
SCREEN-PE	ERFORAT	ED INTERVAL	LS: From	.124.	ft.	to	119	ft., Frc	om			ft. t	o		ft.
.	DAV/EL D/	• O14 INTED\/A/	From LS: From	.፤ ኃሂ	ft. f	to	··;;;;	ft., Fro	აm		• • • • •	ft. to	o <i>.</i>	, <b></b>	ft.
GF	HAVEL PA	CKINIERVAL	LS: From	.447.	π.ι ft.	to	447	ft., Fro ft., Fro	om			II. T	0 2		
S COOUT N	ATERIAL	· 1 Noot o													
			cement												
			ft. to		.ft., From .	••••	π.								
		•	ble contaminatio		7 D4					•				ned water	well
·		4 Later		7 Pit privy							storage 15 O izer storage 16 C				
2 Sewer I		5 Cess	•	8 Sewage la 9 Feedyard										specify bel	iow)
1		r lines 6 Seepa	age pπ		9 Fee	dyard				de storage	<del>)</del> .	۲ <i>۱</i> /-	λή≿∵.	• • • • • • • •	
Direction from			: :=::0: 00:0 !					How m	iany i	feet?					
FROM	то		LITHOLOGIC L	.OG			FROM	TO	<del>  -</del>			GING IN			
0	3	top soil					111	114		ay, gra					
3	13	<u>tan clay</u>	<del></del>				114	117							k, hard
13	18		y with cal	<u>.iche</u>				123 1/2		nd and		el cı	ean,	mediu	m, tigh
18	22	sandy ta					123 1/2	·		n clay				1.	1
22	32		<u>ravel, cla</u>					125 1/2	sar	nd and	grav	<u>el cı</u>	ean,	mediu	m, tigh
	3 1/2		<u>d gravel c</u>	<u>lean,</u>	_small,		bse	126	<b> </b>	- 1 1					
43 1/2	46	<u>tan clay</u>					125 1/2	126	rec	d bed					
46	61		an clay an				<u> </u>		<b> </b>						
61	68		an clay, f				1		<u> </u>						
68	81		d gravel,					th smal	<u> L c.</u>	lay st	reaks	)			
81	95			dark,	, small,	<u>, tı</u>	ght	<u> </u>	<u> </u>						
95	97	cemented							<u> </u>						
	04 1/2		<u>d gravel d</u>		small,	tig	<u>ρt</u>		<u> </u>						
104 1/2 111 redish brown clay															
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)															
Water Well Contractor's Licence No															
under the business name of Rosencrantz-Bemis by (signature)													, - <b>-</b>		
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												Health and			
			66620-0001. Telephon												l locate i cario
L															