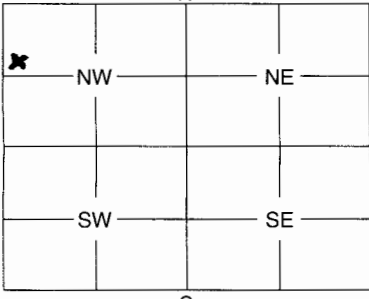


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
	County: <u>PRATT</u>	<u>S10 1/4 NW 1/4 NW 1/4</u>	<u>35</u>	<u>27 S</u>	<u>13</u> (W)																								
Distance and direction from nearest town or city street address of well if located within city? <u>N Hwy 61 1/2 mile North of Hwy 54 & Hwy 61 Junction WEST</u>																													
2	WATER WELL OWNER: <u>PRATT WELL SERVICE INC.</u>																												
RR #, St. Address, Box #:		Board of Agriculture, Division of Water Resources																											
City, State, ZIP Code: <u>PRATT KS 67124</u>		Application Number: _____																											
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">  </div>																												
4																													
DEPTH OF WELL <u>70</u> ft.		WELL'S STATIC WATER LEVEL <u>59</u> ft.																											
WELL WAS USED AS:																													
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial </div> <div> <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning </div> <div> <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring Well <input type="checkbox"/> Injection Well <input type="checkbox"/> Other </div> </div>																													
Was a chemical / bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/>																													
If yes, mo/day/yr sample was submitted _____																													
Water Well Disinfected: Yes <input checked="" type="checkbox"/> No _____																													
5	TYPE OF BLANK CASING USED:																												
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 2 PVC </div> <div> <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 4 ABS </div> <div> <input type="checkbox"/> 5 Wrought <input type="checkbox"/> 6 Asbestos-Cement </div> <div> <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 8 Concrete Tile </div> <div> <input type="checkbox"/> 9 Other (Specify below) </div> </div>																													
Blank casing diameter _____ in. Casing height above or below land surface <u>72</u> in.																													
Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____																													
6	GROUT PLUG MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____																												
Grout Plug Intervals: From <u>70</u> ft. to <u>6</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																													
What is the nearest source of possible contamination:																													
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> 1 Septic tank <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 5 Cess pool </div> <div> <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 10 Livestock pens </div> <div> <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 15 Oil well/Gas well </div> <div> <input type="checkbox"/> 16 Other (specify below) </div> </div>																													
Direction from well? <u>North</u> How many feet? <u>100 ft</u>																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>70'</u></td> <td><u>6'</u></td> <td><u>NEAT CEMENT Troweled</u></td> </tr> <tr> <td></td> <td></td> <td><u>From Bottom To Surface</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	<u>70'</u>	<u>6'</u>	<u>NEAT CEMENT Troweled</u>			<u>From Bottom To Surface</u>															
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		<u>From Bottom To Surface</u>																											
7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>9-2-04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>665</u> This Water Well Record was completed on (mo/day/year) <u>9-3-04</u> under the business name of <u>PRATT WELL ENVIRONMENTAL</u> by (signature) <u>John E. [Signature]</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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.

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