

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Pratt</b>		<b>SE 1/4 NE 1/4 SE 1/4</b>	<b>36</b>	<b>T 27 S</b>	<b>R 14 NE/W</b>
Distance and direction from nearest town or city street address of well if located within city? <b>2 1/8 west of Pratt, Ks.</b>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # :		Application Number:			
City, State, ZIP Code :		<b>Pratt, Ks. 67124</b>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>100</b> ft. ELEVATION: .....			
<div style="text-align: center;"><p>1 Mile</p></div>		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL .... <b>55</b> ft. below land surface measured on mo/day/yr <b>9-23-98</b> .....			
		Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm			
		Est. Yield .... na. gpm: Well water was ..... ft. after ..... hours pumping ..... gpm			
Bore Hole Diameter: <b>9.7/8</b> in. to <b>100</b> 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 Monitoring well	
Was a chemical/bacteriological sample submitted to Department? Yes ..... No <b>X</b> ..... If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes <b>hth</b> No					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <b>X</b> Clamped .....
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded .....
			7 Fiberglass		Threaded .....
Blank casing diameter .... <b>5</b> in. to <b>80</b> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.					
Casing height above land surface .... <b>2'</b> in., weight .... SDR <b>26</b> lbs./ft. Wall thickness or gauge No. ....					
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 OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes	
			7 Torch cut	10 Other (specify) .....	
SCREEN-PERFORATED INTERVALS: From .... <b>80</b> ft. to .... <b>100</b> ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From .... <b>100</b> ft. to .... <b>20</b> ft., From ..... ft. to ..... ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <b>hole plug</b> .....					
Grout Intervals: From .... <b>20</b> ft. to .... <b>3</b> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines		5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
				13 Insecticide storage	<b>house</b> .....
Direction from well?		<b>south east</b>	How many feet?		<b>65</b>
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Top soil			
2	23	Brown & white clay			
23	37	Sand and gravel			
37	40	Brown clay			
40	48	Sand & gravel clean, coarse, loose			
48	50	Brown clay			
50	73	Sand & gravel clean, coarse, loose			
73	78	Brown & white clay			
78	100	Sand and gravel clean, coarse, loose			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>9-23-98</b> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <b>134</b> ..... This Water Well Record was completed on (mo/day/yr) <b>10-5-98</b> ..... under the business name of <b>Rosencrantz-Bemks</b> by (signature) <i>Freddie Redson</i>					
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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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