

| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number |
|---|----|--|---|--|---------------------|
| County: <u>Pratt</u> | | <u>NE ¼ SE ¼ SW ¼</u> | <u>4</u> | <u>T 27 S</u> | <u>R 15 EW</u> |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | |
| <u>6 miles south 1 mile east of Hopewell</u> | | | | | |
| 2 WATER WELL OWNER: <u>Kansas Wildlife & Parks</u> | | | | | |
| RR#, St. Address, Box # : <u>RR 2 Box 54A</u> | | | Board of Agriculture, Division of Water Resources | | |
| City, State, ZIP Code : <u>Pratt, Kansas 67124</u> | | | Application Number: | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL. <u>80</u> ft. ELEVATION: | | | |
| <p>N W E S</p> | | Depth(s) Groundwater Encountered 1. <u>34</u> ft. 2. _____ ft. 3. _____ ft. | | | |
| | | WELL'S STATIC WATER LEVEL . <u>34</u> . ft. below land surface measured on mo/day/yr <u>6/29/89</u> | | | |
| | | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm | | | |
| | | Est. Yield <u>100</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm | | | |
| | | Bore Hole Diameter. <u>8 3/4</u> in. to <u>80</u> ft., and _____ in. to _____ ft. | | | |
| | | WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Injection well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Monitoring well | | | |
| 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: | | | | | |
| 1 Steel <input checked="" type="checkbox"/> 2 PVC Blank casing diameter <u>5</u> in. to <u>60</u> ft., Dia _____ in. to _____ ft. Casing height above land surface <u>24</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR-26</u> | | 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass | | 8 Concrete tile 9 Other (specify below) _____ CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ Welded _____ Threaded _____ | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | |
| 1 Steel 2 Brass SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter | | 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut | | 7 PVC 8 RMP (SR) 9 ABS 8 Saw cut 9 Drilled holes 10 Other (specify) _____ | |
| SCREEN-PERFORATED INTERVALS: From <u>60</u> ft. to <u>80</u> ft., From _____ ft. to _____ ft. | | | | | |
| GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>80</u> ft., From _____ ft. to _____ ft. | | | | | |
| 6 GROUT MATERIAL: | | | | | |
| 1 Neat cement | | 2 Cement grout | | <input checked="" type="checkbox"/> 3 Bentonite | |
| Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft. | | 4 Other _____ | | | |
| What is the nearest source of possible contamination: | | | | | |
| 1 Septic tank | | 4 Lateral lines | | 7 Pit privy | |
| 2 Sewer lines | | 5 Cess pool | | 8 Sewage lagoon | |
| 3 Watertight sewer lines | | 6 Seepage pit | | 9 Feedyard | |
| Direction from well? <u>All</u> | | | | How many feet? <u>5</u> | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
| 0 | 2 | Topsoil | | | |
| 2 | 9 | Silt & sand | | | |
| 9 | 14 | Gray clay | | | |
| 14 | 50 | Sand | | | |
| 50 | 62 | Tan clay | | | |
| 62 | 80 | 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) <u>6/29/89</u> and this record is true to the best of my knowledge and belief. Kansas | | | | | |
| Water Well Contractor's License No. <u>224</u> | | This Water Well Record was completed on (mo/day/yr) <u>12/22/89</u> | | | |
| under the business name of <u>Carl Hayse Water Well Service</u> | | by (signature) <u>Carl Hayse</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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.