

1 LOCATION OF WATER WELL: County: Pratt		Fraction C NE ¼	Township Number N 27 S	Range Number R 15W E/W
Distance and direction from nearest town or city street address of well if located within city? 5 W, 6½ N of Cullison, Kansas				
2 WATER WELL OWNER: Ron Miller Red Tiger RR#, St. Address, Box #: Route 2 1720 Ks. State Bank Bldg. City, State, ZIP Code : Pratt, Ks. 67124 Wichita, Kansas 67202		Board of Agriculture, Division of Water Resources Application Number: T82-346		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL... 115 ft. ELEVATION: Unknown		
		Depth(s) Groundwater Encountered 1. 35 ft.		
		WELL'S STATIC WATER LEVEL ... 35 ft. below land surface measured on mo/day/yr 6/23/82		
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield . . . 60 gpm; Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter . . . 8 in. to 115 ft., and _____ in. to _____ ft.				
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 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..... If yes, mo/day/yr sample was submitted				
Water Well Disinfected? Yes No				
5 TYPE OF BLANK CASING USED:				
Blank casing diameter 5 in. to 95 ft., Dia in. to ft., Dia in. to ft.				
Casing height above land surface 12 in., weight 2.8 lbs./ft. Wall thickness or gauge No. Sch. 40				
TYPE OF SCREEN OR PERFORATION MATERIAL:				
SCREEN OR PERFORATION OPENINGS ARE:				
GRAVEL PACK INTERVALS: From 10 ft. to 115 ft., From ft. to ft.				
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Intervals: From 0 ft. to 10 ft., From ft. to ft., From ft. to ft.				
What is the nearest source of possible contamination:				
Direction from well? East How many feet? 60				
		LITHOLOGIC LOG		
		LITHOLOGIC LOG		
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)				
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.				