

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Pratt</u>		<u>NN 1/4 1/4</u>	<u>34</u>	T <u>27</u> S	R <u>15</u> E/W
Distance and direction from nearest town or city street address of well if located within city? <u>3 miles West 2 1/4 North Collins Kansas</u>					
2 WATER WELL OWNER: <u>go Chemical Inc</u>					
RR#, St. Address, Box #:				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code <u>W124 Route 4 - Box 4146 Pratt Kansas</u>				Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>100</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>80</u> ft. below land surface measured on mo/day/yr <u>11 13 91</u>			
		Pump test data: Well water was <u>NA</u> ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>12</u> in. to <u>100</u> 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 Monitoring well <u>Stock well</u>			
		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      3 RMP (SR)      5 Wrought iron      8 Concrete tile      CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ 2 PVC      4 ABS      6 Asbestos-Cement      9 Other (specify below)      Welded _____ Blank casing diameter <u>5"</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>2 feet</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel      3 Stainless steel      5 Fiberglass      7 RMP (SR)      10 Asbestos-cement 2 Brass      4 Galvanized steel      6 Concrete tile      9 ABS      11 Other (specify) _____ 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 <u>80</u> ft. to <u>100</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>90</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement      2 Cement grout      3 Bentonite      4 Other _____					
Grout Intervals: From <u>1</u> ft. to <u>10</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination: <u>NONE</u>					
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) <u>Without Pasture</u>					
Direction from well? _____ How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil			
1	10	Sandy fine			
10	20	Clay Sand			
20	30	Sandy clay Brown			
30	40	Sandy fine			
40	50	Clay			
50	60	Sandy fine			
60	70	Clay Sand			
70	80	Sandy fine			
80	90	Sandy coarse			
90	100	Sandy coarse			
		<u>100 feet Total Dept.</u>			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>11 13 91</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>226</u> This Water Well Record was completed on (mo/day/yr) <u>11 13 91</u>					
under the business name of <u>Webb Well Service</u> by (signature) <u>John A. Webb</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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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