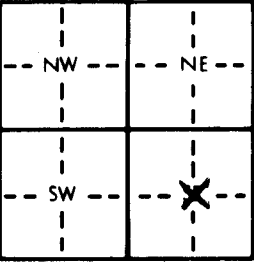


1 LOCATION OF WATER WELL: County: <b>Pratt</b>		Fraction $\frac{1}{4}$ <b>C of SE</b> $\frac{1}{4}$	Section Number <b>35</b>	Township Number <b>T 27 S</b>	Range Number <b>R 15 E</b>
Distance and direction from nearest town or city street address of well if located within city? <b>1/4 N 1/4 W 1/4 N OF CULLISON, KS</b>					
2 WATER WELL OWNER: <b>Mark Rice</b> RR#, St. Address, Box #: <b>Cullison, Kansas</b> City, State, ZIP Code: _____			Board of Agriculture, Division of Water Resources Application Number: <b>35, 197</b>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">  </div>		4 DEPTH OF COMPLETED WELL: <b>150</b> ft. ELEVATION: _____ Depth(s) Groundwater Encountered 1. <b>72</b> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <b>70.5</b> ft. below land surface measured on mo/day/yr <b>8 July 81</b> Pump test data: Well water was <b>85.5</b> ft. after <b>1</b> hours pumping <b>800</b> gpm Est. Yield <b>1800</b> gpm: Well water was <b>95.5</b> ft. after <b>1</b> hours pumping <b>1200</b> gpm Bore Hole Diameter <b>30</b> in. to <b>150</b> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 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>X</b> No _____			
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS Blank casing diameter <b>16</b> in. to <b>110</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <b>12</b> in., weight <b>32.7</b> lbs./ft. Wall thickness or gauge No. <b>1.88</b> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 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 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From <b>110</b> ft. to <b>150</b> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <b>10</b> ft. to <b>150</b> ft., From _____ ft. to _____ ft.		CASING JOINTS: Glued _____ Clamped _____ Welded <b>X</b> Threaded _____			
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From <b>0</b> ft. to <b>10</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) <b>NONE</b> Direction from well? _____ How many feet? _____		LITHOLOGIC LOG FROM TO LITHOLOGIC LOG 0 2 Top soil 2 72 Clay, tan and brown 72 86 Sand, fine to coarse and fine to med gravel 86 90 Clay, tan 90 100 Sand, fine to coarse and fine to med gravel 100 108 Clay, tan 108 133 Sand, fine to coarse and fine to coarse gravel 133 150 Sand, medium to coarse and very coarse gravel 150 167 Clay, brown 167 174 Sand, very fine to fine with brown clay mixed 174 182 Clay, tan 182 192 Sand, very fine to fine with Dakota sandstone and clay streaks 192 204 Clay, Dakota with red shale			
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) <b>10 July 81</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>325</b> This Water Well Record was completed on (mo/day/yr) <b>24 Jan 82</b> under the business name of <b>Central Well &amp; Pump Inc.</b> by (signature) <i>[Signature]</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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R

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EW

SEC.

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C 1/4 SE 1/4

1/4