

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <b>Pratt</b>		<b>NW 1/4</b>	<b>2</b>	<b>T 28 S</b>	<b>R 11 E/W</b>		
Distance and direction from nearest town or city? <b>2 1/4 miles west of Cunningham, Kansas</b>			Street address of well if located within city?				
2 WATER WELL OWNER: <b>Northern Natural</b> RR#, St. Address, Box #: <b>Box 178</b> City, State, ZIP Code: <b>Cunningham, Kansas 67035</b> Board of Agriculture, Division of Water Resources Application Number: <b>779-273</b>							
3 DEPTH OF COMPLETED WELL: <b>140</b> ft. Bore Hole Diameter: <b>11</b> in. to ... ft., and ... in. to ... ft.							
Well Water to be used as: <div style="display: flex; justify-content: space-between;"> <div> <b>3 Feedlot</b>  <b>2 Irrigation</b> </div> <div> <b>5 Public water supply</b>  <b>6 Oil field water supply</b>  <b>7 Lawn and garden only</b> </div> <div> <b>8 Air conditioning</b>  <b>9 Dewatering</b>  <b>10 Observation well</b> </div> <div> <b>11 Injection well</b>  <b>12 Other (Specify below)</b> </div> </div>							
Well's static water level: <b>42</b> ft. below land surface measured on <b>October</b> month <b>16</b> day <b>1979</b> year							
Pump Test Data: <b>NA</b> : Well water was ... ft. after ... hours pumping ... gpm Est. Yield: <b>NA</b> gpm: Well water was ... ft. after ... hours pumping ... gpm							
4 TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div> <b>1 Steel</b>  <b>2 PVC</b> </div> <div> <b>3 RMP (SR)</b>  <b>4 ABS</b> </div> <div> <b>5 Wrought iron</b>  <b>6 Asbestos-Cement</b>  <b>7 Fiberglass</b> </div> <div> <b>8 Concrete tile</b>  <b>9 Other (specify below)</b> </div> </div> Casing Joints: Glued <input checked="" type="checkbox"/> Clamped ... Welded ... Threaded ... Blank casing dia: <b>5 1/2</b> in. to <b>120</b> ft. Dia: ... in. to ... ft. Dia: ... in. to ... ft. Casing height above land surface: <b>12</b> in., weight <b>200</b> lbs./ft. Wall thickness or gauge No. <b>.258</b> TYPE OF SCREEN OR PERFORATION MATERIAL: <div style="display: flex; justify-content: space-between;"> <div> <b>1 Steel</b>  <b>2 Brass</b> </div> <div> <b>3 Stainless steel</b>  <b>4 Galvanized steel</b> </div> <div> <b>5 Fiberglass</b>  <b>6 Concrete tile</b> </div> <div> <b>8 RMP (SR)</b>  <b>9 ABS</b> </div> <div> <b>10 Asbestos-cement</b>  <b>11 Other (specify)</b>  <b>12 None used (open hole)</b> </div> </div> Screen or Perforation Openings Are: <div style="display: flex; justify-content: space-between;"> <div> <b>1 Continuous slot</b>  <b>2 Louvered shutter</b> </div> <div> <b>3 Mill slot</b>  <b>4 Key punched</b> </div> <div> <b>5 Gauzed wrapped</b>  <b>6 Wire wrapped</b>  <b>7 Torch cut</b> </div> <div> <b>8 Saw cut</b>  <b>9 Drilled holes</b>  <b>10 Other (specify)</b>  <b>11 None (open hole)</b> </div> </div> Screen-Perforation Dia: <b>5 1/2</b> in. to <b>140</b> ft. Dia: ... in. to ... ft. Dia: ... in. to ... ft. Screen-Perforated Intervals: From <b>120</b> ft. to <b>140</b> ft., From ... ft. to ... ft., From ... ft. to ... ft. Gravel Pack Intervals: From <b>10</b> ft. to <b>140</b> ft., From ... ft. to ... ft., From ... ft. to ... ft.							
5 GROUT MATERIAL: <b>1 Neat cement</b> 2 Cement grout 3 Bentonite 4 Other ... Grouted 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: <div style="display: flex; justify-content: space-between;"> <div> <b>1 Septic tank</b>  <b>2 Sewer lines</b>  <b>3 Lateral lines</b> </div> <div> <b>4 Cess pool</b>  <b>5 Seepage pit</b>  <b>6 Pit privy</b> </div> <div> <b>7 Sewage lagoon</b>  <b>8 Feed yard</b>  <b>9 Livestock pens</b> </div> <div> <b>10 Fuel storage</b>  <b>11 Fertilizer storage</b>  <b>12 Insecticide storage</b>  <b>13 Watertight sewer lines</b> </div> <div> <b>14 Abandoned water well</b>  <b>15 Oil well/Gas well</b>  <b>16 Other (specify below)</b> </div> </div> Direction from well: <b>southeast</b> How many feet: <b>75</b> ? Water Well Disinfected? Yes <b>HTH</b> No Was a chemical/bacteriological sample submitted to Department? Yes ... No <input checked="" type="checkbox"/> If yes, date sample was submitted ... month ... day ... year: Pump Installed? Yes ... No <input checked="" type="checkbox"/> If Yes: Pump Manufacturer's name ... Model No. ... HP ... Volts ... Depth of Pump Intake ... ft. Pumps Capacity rated at ... gal./min. Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other							
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <b>October</b> month <b>16</b> day <b>1979</b> year 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 <b>10</b> month <b>30</b> day <b>79</b> year under the business name of <b>Rosencrantz-Bemis</b> by (signature) <b>Frederic Rodson</b>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	2	top soil			
		2	8	clay			
		8	43	sand and gravel			
		43	49	clay			
		49	148	sand and gravel with clay streaks			
		148		Red bed			
ELEVATION: <b>hill</b>							
Depth(s) Groundwater Encountered 1. <b>42</b> ft. 2. ... ft. 3. ... ft. 4. ... ft. (Use a second sheet if needed)							
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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.							

OFFICE USE ONLY

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EW

SEC

NW 1/4 NW 1/4 NW 1/4 NW 1/4