

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: Pratt		NE 1/4 SE 1/4 SE 1/4	2	T 28 S	R 11 E		
Distance and direction from nearest town or city? 2 miles west 3/4 mile south of Cunningham, Kansas			Street address of well if located within city?				
2 WATER WELL OWNER: Northern Natural							
RR#, St. Address, Box #		Box 178		Board of Agriculture, Division of Water Resources			
City, State, ZIP Code		Cunningham, Kansas 67035		Application Number: 779-275			
3 DEPTH OF COMPLETED WELL: 130 ft. Bore Hole Diameter: 11 in. to ... ft., and ... in. to ... ft.							
Well Water to be used as:							
<input checked="" type="checkbox"/> 1 Domestic		<input checked="" type="checkbox"/> 5 Public water supply		<input type="checkbox"/> 8 Air conditioning			
<input type="checkbox"/> 3 Feedlot		<input checked="" type="checkbox"/> 6 Oil field water supply		<input type="checkbox"/> 9 Dewatering			
<input type="checkbox"/> 2 Irrigation		<input type="checkbox"/> 4 Industrial		<input type="checkbox"/> 10 Observation well			
<input type="checkbox"/> 7 Lawn and garden only		<input type="checkbox"/> 11 Injection well		<input type="checkbox"/> 12 Other (Specify below)			
Well's static water level: 31 ft. below land surface measured on 10 month 11 day 1979 year							
Pump Test Data: NA Well water was ... ft. after ... hours pumping ... gpm							
Est. Yield: NA gpm Well water was ... ft. after ... hours pumping ... gpm							
4 TYPE OF BLANK CASING USED:							
<input type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 RMP (SR)		<input type="checkbox"/> 5 Wrought iron			
<input checked="" type="checkbox"/> 2 PVC		<input type="checkbox"/> 4 ABS		<input type="checkbox"/> 6 Asbestos-Cement			
<input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> 8 Concrete tile		<input type="checkbox"/> 9 Other (specify below)			
Blank casing dia: 5 1/2 in. to 110 ft. Dia: ... in. to ... ft. Dia: ... in. to ... ft.							
Casing height above land surface: 12 in., weight 200 lbs./ft. Wall thickness or gauge No. .258							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
<input type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 Stainless steel		<input type="checkbox"/> 5 Fiberglass			
<input type="checkbox"/> 2 Brass		<input type="checkbox"/> 4 Galvanized steel		<input type="checkbox"/> 6 Concrete tile			
<input type="checkbox"/> 7 Torch cut		<input type="checkbox"/> 8 RMP (SR)		<input type="checkbox"/> 9 ABS			
<input type="checkbox"/> 10 Other (specify)		<input type="checkbox"/> 11 None (open hole)		<input type="checkbox"/> 12 None used (open hole)			
Screen or Perforation Openings Are:							
<input type="checkbox"/> 1 Continuous slot		<input type="checkbox"/> 3 Mill slot		<input type="checkbox"/> 5 Gauzed wrapped			
<input type="checkbox"/> 2 Louvered shutter		<input type="checkbox"/> 4 Key punched		<input type="checkbox"/> 6 Wire wrapped			
<input type="checkbox"/> 7 Torch cut		<input type="checkbox"/> 8 RMP (SR)		<input checked="" type="checkbox"/> 9 Saw cut			
<input type="checkbox"/> 10 Other (specify)		<input type="checkbox"/> 11 None (open hole)		<input type="checkbox"/> 12 None used (open hole)			
Screen-Perforation Dia: 5 1/2 in. to 130 ft. Dia: ... in. to ... ft. Dia: ... in. to ... ft.							
Screen-Perforated Intervals: From 110 ft. to 130 ft. From ... ft. to ... ft. From ... ft. to ... ft.							
Gravel Pack Intervals: From 10 ft. to 130 ft. From ... ft. to ... ft. From ... ft. to ... ft.							
5 GROUT MATERIAL:							
<input checked="" type="checkbox"/> 1 Neat cement		<input type="checkbox"/> 2 Cement grout		<input type="checkbox"/> 3 Bentonite			
<input type="checkbox"/> 4 Other		<input type="checkbox"/> 5 Gauzed wrapped		<input type="checkbox"/> 6 Wire wrapped			
<input type="checkbox"/> 7 Torch cut		<input type="checkbox"/> 8 RMP (SR)		<input type="checkbox"/> 9 ABS			
<input type="checkbox"/> 10 Other (specify)		<input type="checkbox"/> 11 None (open hole)		<input type="checkbox"/> 12 None used (open hole)			
Grouted Intervals: From 0 ft. to 10 ft. From ... ft. to ... ft. From ... ft. to ... ft.							
What is the nearest source of possible contamination:							
<input type="checkbox"/> 1 Septic tank		<input type="checkbox"/> 4 Cess pool		<input type="checkbox"/> 7 Sewage lagoon			
<input type="checkbox"/> 2 Sewer lines		<input type="checkbox"/> 5 Seepage pit		<input type="checkbox"/> 8 Feed yard			
<input type="checkbox"/> 3 Lateral lines		<input type="checkbox"/> 6 Pit privy		<input type="checkbox"/> 9 Livestock pens			
<input type="checkbox"/> 10 Fuel storage		<input type="checkbox"/> 11 Fertilizer storage		<input checked="" type="checkbox"/> 12 Insecticide storage			
<input type="checkbox"/> 13 Watertight sewer lines		<input type="checkbox"/> 14 Abandoned water well		<input checked="" type="checkbox"/> 15 Oil well Gas well			
<input type="checkbox"/> 16 Other (specify below)		<input type="checkbox"/> 17 Other (specify below)		<input type="checkbox"/> 18 Other (specify below)			
Direction from well: northwest How many feet: 75 ? Water Well Disinfected? Yes HTH No							
Was a chemical/bacteriological sample submitted to Department? Yes X No X If yes, date sample was submitted ... month ... day ... year Pump Installed? Yes X No X							
If Yes: Pump Manufacturer's name: ... Model No. ... HP ... Volts ...							
Depth of Pump Intake: ... ft. Pumps Capacity rated at: ... gal./min.							
Type of pump: <input type="checkbox"/> 1 Submersible <input type="checkbox"/> 2 Turbine <input type="checkbox"/> 3 Jet <input type="checkbox"/> 4 Centrifugal <input type="checkbox"/> 5 Reciprocating <input type="checkbox"/> 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 October month 11 day 1979 year							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134							
This Water Well Record was completed on 10 month 30 day 79 year under the business name of Rosencrantz-Bemis by (signature) Fredia Rodson							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	2	sandy top soil			
		2	11	clay and fine sand			
		11	45	sand and gravel with streaks of clay			
		45	58	clay			
		58	129	sand and gravel with clay streaks and some cemented sand			
		129	132	red bed			
ELEVATION: upland							
Depth(s) Groundwater Encountered 1. 31 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.							