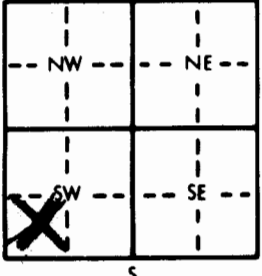


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|---|--------------------------------------|-----------------------------|----------------------------------|--|
| 1 LOCATION OF WATER WELL: County: <u>Pratt</u> | Fraction <u>1/4 SW 1/4 SW 1/4</u> | Section Number <u>10</u> | Township Number T <u>28</u> S | Range Number R <u>12</u> E <u>W</u> |
|---|--------------------------------------|-----------------------------|----------------------------------|--|

Distance and direction from nearest town or city street address of well if located within city?

6 miles East 1/4 South of Pratt Kansas

| | | |
|---|--|--|
| 2 WATER WELL OWNER: RR#, St. Address, Box # City, State, ZIP Code | <u>Larry Barker</u> <u>Route 1 Pratt Kansas 67124</u> | Board of Agriculture, Division of Water Resources Application Number: |
|---|--|--|

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| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  | 4 DEPTH OF COMPLETED WELL: <u>80</u> ft. ELEVATION: Depth(s) Groundwater Encountered 1. <u>10</u> ft. 2. <u>11</u> ft. 3. <u>8.8</u> ft. WELL'S STATIC WATER LEVEL <u>60</u> ft. below land surface measured on mo/day/yr <u>10</u> <u>11</u> <u>8.8</u> Pump test data: Well water was _____ 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>80</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was sub- mitted _____ Water Well Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

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| 5 TYPE OF BLANK CASING USED: 1 Steel <input checked="" type="checkbox"/> 2 PVC Blank casing diameter <u>5</u> in. to _____ ft., Dia <u>80</u> in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>2 foot</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>14</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 Torch cut 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole) | CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ Welded _____ Threaded _____ SCREEN OR PERFORATION OPENINGS ARE: <input checked="" type="checkbox"/> Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) _____ 11 None (open hole) |
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| 6 GROUT MATERIAL: 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: <input checked="" type="checkbox"/> 1 Septic-tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____ |
|--|

| Direction from well? | | How many feet? <u>200 North East</u> | | | |
|----------------------|----|--------------------------------------|------|----|----------------|
| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
| 0 | 1 | Top Soil | | | |
| 1 | 10 | Sand Brown | | | |
| 10 | 20 | Sand and Clay | | | |
| 20 | 30 | Clay | | | |
| 30 | 40 | Clay | | | |
| 40 | 50 | Clay | | | |
| 50 | 60 | Sand fine | | | |
| 60 | 70 | Sand coarse | | | |
| 70 | 80 | Sand coarse | | | |
| | | Total depth | | | |
| | | 80 feet Clay Bottom | | | |

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| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10-11-88</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>10-29-88</u> under the business name of <u>Water Well Service</u> by (signature) <u>Ken A. Auer</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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records. |
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OFFICE USE ONLY

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SEC. 10

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