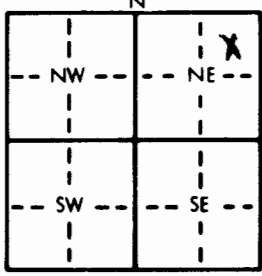


1 LOCATION OF WATER WELL: County: <u>Pratt</u>		Fraction <u>c 1/4 ne 1/4 ne 1/4</u>		Section Number <u>10</u>		Township Number <u>T 28 S</u>		Range Number <u>R 12 E/W</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>6 east 1 1/2 south of Pratt, Ks.</u>									
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :		<u>Floyd Elasi</u> <u>Pratt, Ks.</u>		<u>Boger Bros Drilling</u> <u>Holsington, Ks. 67544</u>		Kansas Department of Agriculture, Division of Water Resources Application Number: <u>T85-259</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>140</u> ft. ELEVATION: _____ ft. Depth(s) Groundwater Encountered 1. <u>17</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>20</u> ft. below land surface measured on mo/day/yr <u>3-13-85</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>22</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>10</u> in. to <u>140</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 Observation well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____; If yes, mo/day/yr sample was sub- mitted _____ Water Well Disinfected? Yes <u>hth</u> No _____							
									
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 2 PVC 4 ABS 7 Fiberglass Blank casing diameter <u>5</u> in. to <u>140</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>258</u>		CASING JOINTS: Glued <u>X</u> _____ Clamped _____ Welded _____ Threaded _____							
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 7 Torch cut 10 Other (specify) _____							
SCREEN-PERFORATED INTERVALS: From <u>120</u> ft. to <u>140</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>140</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From <u>0</u> ft. to <u>10</u> 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) _____ 13 Insecticide storage _____									
Direction from well? <u>west</u>		How many feet? <u>120</u>							
FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG							
0	3	Top soil							
3	6	Brown clay							
6	17	Sand and gravel							
17	21	Brown clay							
21	56	Sand and gravel							
56	59	Brown clay							
59	105	Sand and gravel							
105	108	Brown clay							
108	142	Sand and gravel							
142	148	Yellow brown & blue gray clay							
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) <u>3-13-85</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>134</u> This Water Well Record was completed on (mo/day/yr) <u>3-21-85</u> under the business name of <u>R osencrantz-Bemis</u> by (signature) <u>Media Rodson</u> INSTRUCTIONS: Use typewriter or ball point pen, <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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

T 28

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SEC.

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NE 1/4

NE 1/4