

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Pratt</u>		<u>C</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	<u>10</u>	<u>T</u> <u>28</u> <u>S</u>	<u>R</u> <u>13</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city: <u>1 mile South 2 Th of 54 H Way</u>					
2 WATER WELL OWNER: <u>Bruce J Hivens and Sue Hivens</u>					
RR#, St. Address, Box #:					
City, State, ZIP Code: <u>67124</u> <u>Elkview Country Club Road</u>					
Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>70</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>58</u> ft. below land surface measured on mo/day/yr <u>7-13-95</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>70</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="radio"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <input type="radio"/> 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="radio"/> No <input type="radio"/> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? <input checked="" type="radio"/> Yes <input type="radio"/> No			
5 TYPE OF BLANK CASING USED:					
<input type="radio"/> 1 Steel <input type="radio"/> 3 RMP (SR) <input type="radio"/> 5 Wrought iron <input type="radio"/> 8 Concrete tile CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input checked="" type="radio"/> 2 PVC <input type="radio"/> 4 ABS <input type="radio"/> 6 Asbestos-Cement <input type="radio"/> 9 Other (specify below) <input type="checkbox"/> Welded <input type="radio"/> Blank casing diameter <u>5</u> in. to <u>50</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>2 feet</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>4-160</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="radio"/> 1 Steel <input type="radio"/> 3 Stainless steel <input type="radio"/> 5 Fiberglass <input checked="" type="radio"/> 7 PVC <input type="radio"/> 10 Asbestos-cement <input type="radio"/> 2 Brass <input type="radio"/> 4 Galvanized steel <input type="radio"/> 6 Concrete tile <input type="radio"/> 8 RMP (SR) <input type="radio"/> 11 Other (specify) <input type="radio"/> 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
<input checked="" type="radio"/> 1 Continuous slot <input type="radio"/> 3 Mill slot <input type="radio"/> 5 Gauzed wrapped <input type="radio"/> 8 Saw cut <input type="radio"/> 11 None (open hole) <input type="radio"/> 2 Louvered shutter <input type="radio"/> 4 Key punched <input type="radio"/> 6 Wire wrapped <input type="radio"/> 9 Drilled holes <input type="radio"/> 7 Torch cut <input type="radio"/> 10 Other (specify)					
SCREEN-PERFORATED INTERVALS: From <u>50</u> ft. to <u>70</u> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>60</u> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <input checked="" type="radio"/> 1 Neat cement <input type="radio"/> 2 Cement grout <input type="radio"/> 3 Bentonite <input type="radio"/> 4 Other					
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="radio"/> 1 Septic tank <input type="radio"/> 4 Lateral lines <input type="radio"/> 7 Pit privy <input type="radio"/> 10 Livestock pens <input type="radio"/> 14 Abandoned water well <input type="radio"/> 2 Sewer lines <input type="radio"/> 5 Cess pool <input type="radio"/> 8 Sewage lagoon <input type="radio"/> 11 Fuel storage <input type="radio"/> 15 Oil well/Gas well <input type="radio"/> 3 Watertight sewer lines <input type="radio"/> 6 Sewage pit <input type="radio"/> 9 Feedyard <input type="radio"/> 12 Fertilizer storage <input type="radio"/> 16 Other (specify below) <input type="radio"/> 13 Insecticide storage					
Direction from well? <u>West</u> How many feet? <u>100</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil			
10	10	Sand			
20	20	Clay			
30	30	Clay			
40	40	Sand fine			
50	50	Sand fine			
60	60	Coarse gravel			
70	70	Coarse gravel			
Total Depth of well 70 feet Rock Bottom					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>7-13-95</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) _____ under the business name of <u>Water Well Service</u> by (signature) <u>John A. Allen</u>					