

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Pratt</b>		SW ¼ NW ¼ SW ¼		3		T 28 S		R 13 EW	
Distance and direction from nearest town or city street address of well if located within city? <b>916 South Main, Pratt, Kansas</b>									
2 WATER WELL OWNER: Iuka Cooperative									
RR#, St. Address, Box # : 916 South Main									
City, State, ZIP Code : Pratt, Kansas 67124									
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 . . . . . 30 . . . . . ft ELEVATION: . . . . .							
<div style="text-align: center;"> </div>		Depth(s) Groundwater Encountered 1. . . . . ft 2. . . . . ft 3. . . . . ft							
		WELL'S STATIC WATER LEVEL . . . . . 999 . . . . . ft below land surface measured on mo/day/yr							
		Pump test data: Well water was . . . . . NA . . . . . ft after . . . . . hours pumping . . . . . gpm							
		Est. Yield . . . . . NA . . . . . gpm: Well water was . . . . . ft after . . . . . hours pumping . . . . . gpm							
		Bore Hole Diameter . . . . . 8 . . . . . in. to . . . . . 30 . . . . . 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 Monitoring well									
Was a chemical/bacteriological sample submitted to Department? Yes.....No✓.....; If yes, mo/day/yr sample was submitted									
Water Well Disinfected? Yes      No ✓									
5 TYPE OF BLANK CASING USED:									
1 Steel      3 RMP (SR)      5 Wrought iron      8 Concrete tile      CASING JOINTS: Glued . . . . . Clamped . . . . . 2 PVC      4 ABS      6 Asbestos-Cement      9 Other (specify below)      Welded . . . . . 7 Fiberglass      Threaded. ✓									
Blank casing diameter . . . . . 2 . . . . . in. to . . . . . 5 . . . . . ft, Dia . . . . . in. to . . . . . ft, Dia . . . . . in. to . . . . . ft									
Casing height above land surface . . . . . 0 . . . . . in., weight . . . . . Sch 40 . . . . . lbs./ft. Wall thickness or gauge No. . . . .									
TYPE OF SCREEN OR PERFORATION MATERIAL									
1 Steel      3 Stainless steel      5 Fiberglass      7 PVC      10 Asbestos-cement 2 Brass      4 Galvanized steel      6 Concrete tile      8 RMP (SR)      11 Other (specify) . . . . . 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 . . . . . 5 . . . . . ft to . . . . . 30 . . . . . ft, From . . . . . ft to . . . . . ft									
GRAVEL PACK INTERVALS: From . . . . . 4 . . . . . ft to . . . . . 30 . . . . . ft, From . . . . . ft to . . . . . ft									
6 GROUT MATERIAL: 1 Neat cement      2 Cement grout      3 Bentonite      4 Other . . . . .									
Grout Intervals: From . . . . . 0 . . . . . ft to . . . . . 2 . . . . . ft, From . . . . . 2 . . . . . ft to . . . . . 4 . . . . . 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      Unknown.									
Direction from well? 0									
LITHOLOGIC LOG									
FROM	TO								
0	0.5	Gravel,							
0.5	2	Sand, Dark Brown/Dark Grey							
2	9	Clay, Red Brown							
9	22	Clay, Brown							
22	30	Sand, Brown							
PLUGGING INTERVALS									
MW4, Tag #, Flushmount									
Project Name: AG -W - Iuka									
GeoCore # 645, #									
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) . . . . . 3/24/98 . . . . . and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No. . . . . 527 . . . . . This Water Well Record was completed on (mo/day/yr) . . . . . 4/1/98 . . . . . under the business name of GeoCore Services, Inc. by (signature) Bob Bell									
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, Topeka, Kansas 66620-0001. Telephone: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.									

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