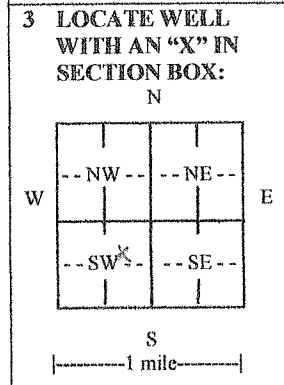


MW-7
WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Pratt	Fraction SE SW ¼ SW ¼ NE ¼ SW ¼	Section Number 4	Township No. T 28 S	Range Number R 13 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/> .		Global Positioning System (GPS) information: Latitude: .37.63542..... (in decimal degrees) Longitude: -98.74311..... (in decimal degrees) Elevation: 1863' Datum: <input type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model:) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: City of Pratt Municipal Plant RR#, Street Address, Box #: 321 West 10th Street City, State, ZIP Code : Pratt, Ks. 67124				



4 DEPTH OF COMPLETED WELL 30..... ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.

WELL'S STATIC WATER LEVEL 21.45..... ft. below land surface measured on mo/day/yr. 9/5/2014.....

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 8.25..... in. to..... ft., and..... in. to..... ft.

WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden 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 CASING USED: Steel PVC Other.....

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter 2..... in. to..... ft., Diameter..... in. to..... ft.

Casing height above land surface..... in., Weight..... lbs./ft., Wall thickness or gauge No. sch 40.....

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify).....
 Brass Galvanized Steel None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify).....

SCREEN-PERFORATED INTERVALS: From 20..... ft. to 30..... ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From 18..... ft. to 30..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other.....

Grout Intervals: From 0..... ft. to 18..... ft., From..... ft. to..... ft., From..... ft. to..... ft.

What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well

Direction from well..... Distance from well.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Top soil, black, organic matter, silty loam, no odor	18	22	Sandy clay, gray, soft, moist strong odor
2	8	Silt, medium brown, dry, no odor	22	30	Sand, fine to medium, gray, some gravel, strong petroleum odor, saturated at 22'
8	12	Sandy Silt, light brown to red brown, dry, no odor			
12	15	Silty clay, dark brown, trace sandy stiff, no odor			
15	18	Clay, light brown to gray, stiff, dry, moderate petroleum odor			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 9/4/14..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 604..... This Water Well Record was completed on (mo/day/year) 9/13/17..... under the business name of Environmental Priority Service, Inc. by (signature) P. A. ...

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>