

1 LOCATION OF WATER WELL:		Fraction <b>SW</b> <del>NE</del>	Section Number <b>2</b>	Township Number <b>T 28 S</b>	Range Number <b>R 13</b>
County: <b>Pratt</b>					
Distance and direction from nearest town or city street address of well if located within city? <b>620 Country Club Road</b>					
2 WATER WELL OWNER: <b>Country Estates Park</b>					
RR#, St. Address, Box #: <b>620 Country Club Road</b>					
City, State, ZIP Code: <b>Pratt, Kansas 67124</b>					
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: <b>60</b> ft. ELEVATION: <b>flat</b>			
		Depth(s) Groundwater Encountered 1. <b>9.6</b> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <b>9.6</b> ft. below land surface measured on mo/day/yr <b>8-28-81</b>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <b>150</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <b>10</b> in. to <b>60</b> 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 <input checked="" 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 submitted _____			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC <input checked="" type="checkbox"/>		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <b>5</b> in. to <b>60</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				8 Concrete tile	
Casing height above land surface <b>18</b> in., weight <b>160</b> lbs./ft. Wall thickness or gauge No. <b>SDR 26</b>				9 Other (specify below) _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:				CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____	
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 PVC <input checked="" type="checkbox"/>	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut <input checked="" type="checkbox"/>	
1 Continuous slot		6 Wire wrapped		9 Drilled holes	
2 Louvered shutter		7 Torch cut		10 Other (specify) _____	
3 Mill slot				11 None (open hole)	
4 Key punched					
SCREEN-PERFORATED INTERVALS:		From <b>50</b> ft. to <b>60</b> ft., From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft., From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From <b>25</b> ft. to <b>60</b> ft., From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft., From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
6 GROUT MATERIAL:					
1 Neat cement <input checked="" type="checkbox"/>		2 Cement grout		3 Bentonite	
4 Other _____					
Grout Intervals: From <b>2</b> ft. to <b>12</b> ft., From _____ ft. to _____ ft.				From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:				10 Livestock pens	
1 Septic tank		4 Lateral lines		11 Fuel storage	
2 Sewer lines		5 Cess pool		12 Fertilizer storage	
3 Watertight sewer lines <input checked="" type="checkbox"/>		6 Seepage pit		13 Insecticide storage	
		7 Pit privy		14 Abandoned water well	
		8 Sewage lagoon		15 Oil well/Gas well	
		9 Feedyard		16 Other (specify below) _____	
Direction from well? <b>West</b>				How many feet? <b>25</b>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	earth			
5	13	black clay			
13	25	river black clay			
25	43	sand			
43	47	brown clay			
47	60	coarse sand & gravel			
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) <b>8-28-81</b> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <b>103</b> This Water Well Record was completed on (mo/day/year) <b>10-9-81</b>					
under the business name of <b>Hank Bruse Water Well Service</b> by (signature) <i>Hank Bruse</i>					
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

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SEC.

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NE 1/4 SW 1/4 SE 1/4