

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Pratt</b>		<b>NE 1/4 NE 1/4 SW 1/4</b>	<b>4</b>	<b>T 28 S</b>	<b>R 13 E</b>
Distance and direction from nearest town or city street address of well if located within city? <b>816 S. Ridgeway</b>					
2 WATER WELL OWNER: <b>Jerry McCalla</b> RR#, St. Address, Box # : <b>816 S. Ridgeway</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>69</b> ft. ELEVATION: <b>hill</b>			
<div style="text-align: center;"><p>1 Mile</p></div>		Depth(s) Groundwater Encountered 1. <b>45</b> ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <b>45</b> ft. below land surface measured on mo/day/yr <b>10-18-80</b>			
		Pump test data: Well water was ft. after hours pumping gpm			
		Est. Yield <b>85</b> gpm: Well water was ft. after hours pumping gpm			
Bore Hole Diameter <b>10</b> in. to <b>69</b> ft., and in. to ft.		WELL WATER TO BE USED AS:			
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)		5 Public water supply 8 Air conditioning 11 Injection well			
2 Irrigation 4 Industrial <input checked="" type="checkbox"/> Lawn and garden only 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 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped					
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded					
7 Fiberglass Threaded					
Blank casing diameter <b>5</b> in. to <b>59</b> ft., Dia. in. to ft., Dia. in. to ft.					
Casing height above land surface <b>18</b> in., weight <b>160</b> lbs./ft. Wall thickness or gauge No. <b>SDR 26</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify)					
12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped <input checked="" type="checkbox"/> 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 <b>59</b> ft. to <b>69</b> ft., From ft. to ft.					
From ft. to ft., From ft. to ft.					
GRAVEL PACK INTERVALS: From <b>44</b> ft. to <b>69</b> ft., From ft. to ft.					
From ft. to ft., From ft. to ft.					
6 GROUT MATERIAL: <input checked="" type="radio"/> Neat cement 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:					
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? <b>North</b> How many feet? <b>20</b>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	6	earth			
6	18	gyp clay			
18	29	fine brown sand			
29	45	fine brown sand			
45	53	brown clay			
53	69	coarse brown sand			
69		red bed			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>10-18-80</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/yr) <b>6-8-81</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, 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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					