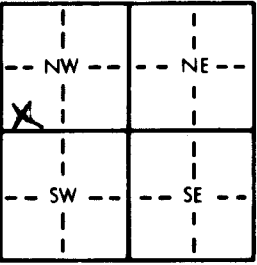


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: PRATT		SW 1/4 SW 1/4 NW 1/4	8	T 28 S	R 13 EW
Distance and direction from nearest town or city street address of well if located within city? 1 W 1 1/2 S 3/8 W OF PRATT, KS					
2 WATER WELL OWNER: Paul Stephens					
RR#, St. Address, Box # : Pratt, Kansas					
City, State, ZIP Code : _____					
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 100 ft. ELEVATION: _____			
<div style="text-align: center;">N W E S</div> 		Depth(s) Groundwater Encountered 1. 62 ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL 62 ft. below land surface measured on mo/day/yr 2 Sept. 83			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield 100 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter 10 in. to 100 ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		5 Public water supply 8 Air conditioning 11 Injection well			
		<input checked="" type="radio"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 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 _____					
<input checked="" type="radio"/> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____					
7 Fiberglass Threaded _____					
Blank casing diameter 5 in. to 80 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface 12 in., weight _____ lbs./ft. Wall thickness or gauge No. 214					
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:					
5 Gauzed wrapped <input checked="" type="radio"/> Saw cut 11 None (open hole)					
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes					
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From 80 ft. to 100 ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 14 ft. to 100 ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement <input checked="" type="radio"/> Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From 4 ft. to 14 ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input checked="" type="radio"/> 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? NW How many feet? 100					
FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG					
0 2 Soil, top					
2 4 Clay, tan					
4 21 Sand, fine					
21 58 Clay, tan and white					
58 100 Sand, fine to coarse and fine to very coarse gravel					
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) 9 SEPT. 83 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 325 This Water Well Record was completed on (mo/day/yr) 18 FEB. 84 under the business name of Central Well & Pump Inc. by (signature) [Signature]					
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.					