

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Pratt</u>		<u>SE 1/4 NE 1/4 NE 1/4</u>	<u>13</u>	<u>T 28 S</u>	<u>R 13 E</u> <b>(W)</b>
Distance and direction from nearest town or city street address of well if located within city?					
<u>2.5 East, 1.5 South of Pratt, Ks.</u>					
2 WATER WELL OWNER: <u>Frank Hendricks</u>					
RR#, St. Address, Box # : <u>115 W. Cleveland</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>Pratt, Kansas 67124</u>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>99</u> ft. ELEVATION: <u>slope</u>			
		Depth(s) Groundwater Encountered <u>1... 61</u> ft. 2. <u>...</u> ft. 3. <u>...</u> ft. WELL'S STATIC WATER LEVEL <u>61</u> ft. below land surface measured on mo/day/yr <u>10/31/84</u> Pump test data: Well water was <u>...</u> ft. after <u>...</u> hours pumping <u>...</u> gpm Est. Yield <u>.95</u> gpm: Well water was <u>...</u> ft. after <u>...</u> hours pumping <u>...</u> gpm Bore Hole Diameter <u>10</u> in. to <u>99</u> ft., and <u>...</u> in. to <u>...</u> ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 5 Public water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well Was a chemical/bacteriological sample submitted to Department? Yes <u>...</u> No <u>x</u> ; If yes, mo/day/yr sample was submitted <u>...</u> Water Well Disinfected? Yes <u>x</u> No <u>...</u>			
		5 TYPE OF BLANK CASING USED:			
		1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> CASING JOINTS: Glued <u>x</u> Clamped <u>...</u> 2 PVC <u>x</u> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) <u>...</u> Welded <u>...</u> 7 Fiberglass <input type="checkbox"/> Threaded <u>...</u>			
		Blank casing diameter <u>5</u> in. to <u>88</u> ft., Dia. <u>...</u> in. to <u>...</u> ft., Dia. <u>...</u> in. to <u>...</u> ft. Casing height above land surface <u>16</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. <u>SDR 26</u> TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 11 Other (specify) <u>...</u> <input type="checkbox"/> 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:				SCREEN OR PERFORATION OPENINGS ARE:	
1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <u>x</u> <input type="checkbox"/> 11 None (open hole) 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 10 Other (specify) <u>...</u>				1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <u>x</u> <input type="checkbox"/> 11 None (open hole) 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 10 Other (specify) <u>...</u>	
SCREEN-PERFORATED INTERVALS: From <u>88</u> ft. to <u>99</u> ft., From <u>...</u> ft. to <u>...</u> ft.				SCREEN-PERFORATED INTERVALS: From <u>88</u> ft. to <u>99</u> ft., From <u>...</u> ft. to <u>...</u> ft.	
GRAVEL PACK INTERVALS: From <u>64</u> ft. to <u>99</u> ft., From <u>...</u> ft. to <u>...</u> ft.				GRAVEL PACK INTERVALS: From <u>64</u> ft. to <u>99</u> ft., From <u>...</u> ft. to <u>...</u> ft.	
6 GROUT MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other <u>...</u>					
Grout Intervals: From <u>4</u> ft. to <u>14</u> ft., From <u>...</u> ft. to <u>...</u> ft., From <u>...</u> ft. to <u>...</u> ft.					
What is the nearest source of possible contamination:					
<input checked="" type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) <u>...</u> <input type="checkbox"/> 13 Insecticide storage <u>...</u>					
Direction from well? <u>SE</u> How many feet? <u>over 100'</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	0/ earth			
3	8	0/ sand			
8	35	0/ clay			
35	60	1/ coarse dry gravel			
60	78	0/ sand			
78	80	30 rock & clay			
80	99	1/ coarse sand & gravel			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10/31/84</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>1.03</u> This Water Well Record was completed on (mo/day/year) <u>11/2/84</u> under the business name of <u>Hank Bruse Water Well Service</u> by (signature) <u>Hank Bruse</u>					
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.					

OFFICE USE ONLY

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