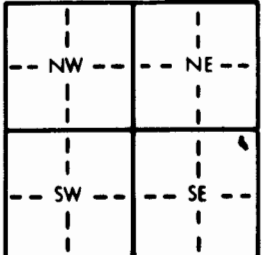


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Pratt</u>	<u>NE 1/4 NE 1/4 SE 1/4</u>	<u>16</u>	T <u>28</u> S	R <u>13</u> <u>EW</u>

Distance and direction from nearest town or city street address of well if located within city?

2.5. of Pratt Kansas

2 WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #:	Application Number:
City, State, ZIP Code:	
<u>Ted Dix</u>	
<u>R.R. Pratt Kansas</u>	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>118</u> ft. ELEVATION:
	Depth(s) Groundwater Encountered 1. <u>68</u> ft. 2. <u>68</u> ft. 3. <u>68</u> ft.
	WELL'S STATIC WATER LEVEL <u>68</u> ft. below land surface measured on mo/day/yr <u>11-10-87</u>
	Pump test data: Well water was <u>68</u> ft. after <u>1</u> hours pumping <u>10</u> gpm
	Est. Yield <u>20</u> gpm: Well water was <u>68</u> ft. after <u>1</u> hours pumping <u>10</u> gpm
	Bore Hole Diameter <u>8 3/4</u> in. to <u>11.0</u> in. and <u>11.0</u> in. to <u>11.0</u> in.
	WELL WATER TO BE USED AS:
	<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Injection well
	<input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Observation well <input type="checkbox"/> Other (Specify below)
	Was a chemical/bacteriological sample submitted to Department? Yes <u>X</u> No <u>X</u> If yes, mo/day/yr sample was submitted
	Water Well Disinfected? Yes <u>X</u> No <u>X</u>

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped <u>X</u>
<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> Welded
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> Threaded
Blank casing diameter <u>5</u> in. to <u>9.0</u> ft., Dia <u>12</u> in. to <u>11.0</u> ft., Dia <u>12</u> in. to <u>11.0</u> ft., Dia <u>12</u> in. to <u>11.0</u> ft.			
Casing height above land surface <u>12</u> in., weight <u>12</u> lbs./ft. Wall thickness or gauge No. <u>SDR-26</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:	<input checked="" type="checkbox"/> 7 PVC	<input type="checkbox"/> 10 Asbestos-cement	
<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"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS
SCREEN OR PERFORATION OPENINGS ARE:	<input type="checkbox"/> 5 Gauzed wrapped	<input checked="" type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify)
SCREEN-PERFORATED INTERVALS: From <u>9.0</u> ft. to <u>11.0</u> ft., From <u>9.0</u> ft. to <u>11.0</u> ft., From <u>9.0</u> ft. to <u>11.0</u> ft., From <u>9.0</u> ft. to <u>11.0</u> ft.			
GRAVEL PACK INTERVALS: From <u>5.0</u> ft. to <u>11.0</u> ft., From <u>5.0</u> ft. to <u>11.0</u> ft., From <u>5.0</u> ft. to <u>11.0</u> ft., From <u>5.0</u> ft. to <u>11.0</u> ft.			

6 GROUT MATERIAL:	<input type="checkbox"/> 1 Neat cement	<input type="checkbox"/> 2 Cement grout	<input checked="" type="checkbox"/> 3 Bentonite	<input type="checkbox"/> 4 Other
Grout Intervals: From <u>4</u> ft. to <u>24</u> ft., From <u>4</u> ft. to <u>24</u> ft., From <u>4</u> ft. to <u>24</u> ft., From <u>4</u> ft. to <u>24</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"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 14 Abandoned water 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"/> 15 Oil well/Gas well
Direction from well? <u>NE</u>			<input type="checkbox"/> 13 Insecticide storage	<input type="checkbox"/> 16 Other (specify below)
			How many feet? <u>90</u>	

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	Top Soil			
1	18	Tan Clay			
18	30	Sand			
30	45	White Clay			
45	50	Tan Clay			
50	75	Sand			
75	78	Tan Clay			
78	108	GRAVEL			
108	110	Tan Clay			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>11-10-87</u> and this record is true to the best of my knowledge and belief. Kansas
Water Well Contractor's License No. <u>224</u> This Water Well Record was completed on (mo/day/yr) <u>11-27-87</u>
under the business name of <u>Carl Hayes & Water Well Serv</u> by (signature) <u>Carl Hayes</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, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.