

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																	
County: PRATT		NE 1/4 SW 1/4 SE 1/4		31		T 28 S		R 13 E/W																																																	
Distance and direction from nearest town or city street address of well if located within city?																																																									
3-E 3-N. OF COATS,KS.																																																									
2 WATER WELL OWNER: RAYMOND OIL CO. INC.																																																									
RR#, St. Address, Box # : ONE MAIN PLACE #900						Board of Agriculture, Division of Water Resources																																																			
City, State, ZIP Code : WICHITA,KS. 67202						Application Number: 92-0366																																																			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 156 ft. ELEVATION:																																																							
<div><div>1 Mile</div><div><div>W</div><div><div><div><div>NW</div><div>NE</div><div>SW</div><div>SE</div></div><div>X</div></div><div>E</div></div><div>S</div></div></div>		<div>Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.</div> <div>WELL'S STATIC WATER LEVEL 93 ft. below land surface measured on mo/day/yr</div> <div>Pump test data: Well water was ft. after hours pumping gpm</div> <div>Est. Yield gpm: Well water was ft. after hours pumping gpm</div> <div>Bore Hole Diameter .9 in. to ft. and in. to ft.</div> <div>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well</div> <div>1 Domestic 3 Feedlot XXXX Oil field water supply 9 Dewatering 12 Other (Specify below)</div> <div>2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well</div> <div>Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yr sample was submitted</div> <div>Water Well Disinfected? Yes X No</div>																																																							
5 TYPE OF BLANK CASING USED:																																																									
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped																																																									
XX PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded																																																									
7 Fiberglass Threaded																																																									
Blank casing diameter .5 in. to 136 ft., Dia in. to ft., Dia in. to ft.																																																									
Casing height above land surface .24 in., weight lbs./ft. Wall thickness or gauge No.																																																									
TYPE OF SCREEN OR PERFORATION MATERIAL: XX7 PVC 10 Asbestos-cement																																																									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)																																																									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)																																																									
SCREEN OR PERFORATION OPENINGS ARE:																																																									
1 Continuous slot XX Mill slot 5 Gauzed wrapped 8 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 136 ft. to 156 ft., From ft. to ft.																																																									
From ft. to ft., From ft. to ft.																																																									
GRAVEL PACK INTERVALS: From 20 ft. to 156 ft., From ft. to ft.																																																									
From ft. to ft., From ft. to ft.																																																									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout XX Bentonite 4 Other																																																									
Grout intervals: From 0 ft. to 20 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 NONE																																																									
Direction from well? How many feet?																																																									
<table><tr><td>FROM</td><td>TO</td><td>LITHOLOGIC LOG</td><td>FROM</td><td>TO</td><td>PLUGGING INTERVALS</td></tr><tr><td>0</td><td>3</td><td>TOP SOIL</td><td></td><td></td><td></td></tr><tr><td>#3</td><td>20</td><td>CLAY</td><td></td><td></td><td></td></tr><tr><td>20</td><td>45</td><td>GRAVEL</td><td></td><td></td><td></td></tr><tr><td>45</td><td>57</td><td>CLAY</td><td></td><td></td><td></td></tr><tr><td>57</td><td>65</td><td>GRAVEL</td><td></td><td></td><td></td></tr><tr><td>65</td><td>75</td><td>CLAY</td><td></td><td></td><td></td></tr><tr><td>75</td><td>156</td><td>GRAVEL</td><td></td><td></td><td></td></tr></table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	3	TOP SOIL				#3	20	CLAY				20	45	GRAVEL				45	57	CLAY				57	65	GRAVEL				65	75	CLAY				75	156	GRAVEL			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well wasXX constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10-26-92 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 462-B This Water Well Record was completed on (mo/day/yr) 12-5-92 under the business name of SAM'S WATER WELL SERVICE 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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																																									