

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: <u>Pratt</u>		NW ¼ SE ¼ NE ¼		18		T 28 S		R 14 E/W			
Distance and direction from nearest town or city street address of well if located within city? <u>Approximately 3/4 mile east and 1 1/2 mile south of Cullison</u>											
2 WATER WELL OWNER:		<u>John P. Dauner</u>									
RR#, St. Address, Box # :		<u>Route 4 - Box 41 LL</u>									
City, State, ZIP Code :		<u>Pratt, KS 67124</u>									
		Board of Agriculture, Division of Water Resources Application Number: <u>43,018</u>									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>194</u> ft. ELEVATION: <u>unknown</u>									
1 Mile		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.									
		WELL'S STATIC WATER LEVEL <u>97</u> ft. below land surface measured on mo/day/yr <u>1-13-99</u>									
		Pump test data: Well water was <u>not ch'd</u> ft. after hours pumping gpm									
		Est. Yield <u>unknown</u> gpm: Well water was ft. after hours pumping gpm									
		Bore Hole Diameter <u>24</u> in. to <u>195</u> ft., and in. to ft.									
		WELL WATER TO BE USED AS:									
		5 Public water supply 8 Air conditioning 11 Injection well									
		1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
		2 <u>Irrigation</u> 4 Industrial 7 Lawn and garden only 10 Monitoring well									
		Was a chemical/bacteriological sample submitted to Department? Yes No <u>X</u> If yes, mo/day/yr sample was submitted									
		Water Well Disinfected? Yes No <u>X</u>									
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <u>X</u> Clamped									
1 Steel		3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below)		Welded			
2 <u>PVC</u>		4 ABS		7 Fiberglass				Threaded			
Blank casing diameter <u>16</u> in. to <u>139</u> ft., Dia. in. to ft., Dia. in. to ft.											
Casing height above land surface <u>12</u> in., weight <u>16.15</u> lbs./ft. Wall thickness or gauge No. <u>500</u>											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
1 Steel 3 Stainless steel 5 Fiberglass 7 <u>PVC</u> 10 Asbestos-cement											
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)											
SCREEN OR PERFORATION OPENINGS ARE:											
1 Continuous slot 3 <u>Mill slot</u> 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 <u>139</u> ft. to <u>193</u> ft., From ft. to ft.											
From ft. to ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>195</u> ft., From ft. to ft.											
From ft. to ft., From ft. to ft.											
6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other											
Grout Intervals: From <u>0</u> ft. to <u>20</u> 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 known											
Direction from well?											
How many feet?											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
0		4		Topsoil		193		195		Clay, red	
4		61		Clay							
61		80		Sand and gravel, fine, medium, coarse							
80		99		Clay, brown							
99		117		Sand and gravel, fine, medium, coarse							
117		125		Clay, brown, streaks of gravel							
125		136		Sand and gravel, fine, medium							
136		137		Clay streak							
137		175		Sand and gravel, fine, medium, coarse							
175		190		Sand and gravel, fine, medium, coarse, some clay streaks							
190		193		Clay, white and gray							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>1-13-99</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>185</u> This Water Well Record was completed on (mo/day/yr) <u>1-18-99</u> under the business name of <u>Clarke Well & Equipment, Inc.</u> by (signature) <u>[Signature]</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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.											

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