

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Pratt</u>		<u>NE 1/4 NE 1/4</u>	<u>24</u>	<u>T 28 S</u>	<u>R 15 NE/W</u>
Distance and direction from nearest town or city street address of well if located within city?					
<u>1 1/2 miles south of Cullisprn, Ks.</u>					
2 WATER WELL OWNER: <u>Paul Eubank</u>					
RR#, St. Address, Box # : <u>60255 SW 100th Ave</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : <u>Pratt, Ks. 67124</u>				Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>160</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>100</u> ft. below land surface measured on mo/day/yr <u>5-26-98</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>na</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>9</u> in. to <u>160</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 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well <u>live stock</u>					
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:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____					
Blank casing diameter <u>5 1/2</u> in. to <u>140</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>2'</u> in., weight <u>SDR 26</u> lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____ 9 ABS 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 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 <u>160</u> ft. to <u>140</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>160</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>hole plug</u>					
Grout Intervals: From <u>20</u> ft. to <u>0</u> 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 <u>none</u>					
Direction from well? How many feet?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Top soil			
2	14	Brown clay			
14	60	Brown & white clay			
60	65	Sandy brown clay			
65	70	Sand & gravel yellow brown clay mixed			
70	89	Sand & gravel clean, coarse, loose			
89	104	Redish brown, yellow brown & white clay			
104	140	Sand & gravel clean, coarse, loose			
140	141	Brown clay			
141	160	Sand & gravel, drilled hard			
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>5-26-98</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>134</u> This Water Well Record was completed on (mo/day/yr) <u>6-16-98</u>					
under the business name of <u>Rosencrantz-Bemis</u> by (signature) <u>Fredia Hedson</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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