

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: PRATT		C of SW 1/4 SE 1/4	8	T 28 S	R 15 EW
Distance and direction from nearest town or city street address of well if located within city? 6 1/2 E of HAVILAND, KS (4 W of Collison) or					
2 WATER WELL OWNER: Eagle Drilling Company					
RR#, St. Address, Box # : 260 N. Rock Rd.					
City, State, ZIP Code : Wichita, Kansas 67206					
Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 150 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. 95 ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL 95 ft. below land surface measured on mo/day/yr JAN 14 81			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield 90 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter: 10 in. to 150 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 Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes X No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass _____ Threaded _____					
Blank casing diameter 5 in. to 130 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface 12 in., weight _____ lbs./ft. Wall thickness or gauge No. 214					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 6 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____ 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 6 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 130 ft. to 150 ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 10 ft. to 150 ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From 0 ft. to 10 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) NONE 13 Insecticide storage					
Direction from well? _____ How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Top soil			
2	60	Clay, tan			
60	80	Clay, white			
80	90	Clay, brown with fine sand streaks			
90	175	Sand, fine to med and fine to med gravel			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) JAN 14 81 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 325 This Water Well Record was completed on (mo/day/yr) July 4 81					
under the business name of Central Well & Pump Inc., Pratt, Kansas 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, 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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