WATE	R WEL	L RECORD	Form WW	/C-5	Division of Wate	er Resources; App. No.	
I LOC	ATION O	F WATER WELL:	Fraction			Township Number	Range Number
	nty: Kiowa		SW _{v4} NE .,		30	T 28 S	R 19 E/W
		irection from nearest town or	of well if	Global Positioning Systems (decimal degrees, min. of 4 digits)			
located within city?					Latitude:		
2 WATER WELL OWNER: George Sherer					Elevation:		
RR#, St. Address, Box # 1321 Parkview Drive					Datum:		
City, State, ZIP Code Pratt, KS 67124					Data Collection Method:		
3 LOC	ATE WE			133	ft.		· · · · · · · · · · · · · · · · · · ·
	CATION			***************			
WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. (3) ft. below land surface measured on mo/day/yr 12/4/07							ft.
SEC	TION BO	X: WELL'S STATIC W	AIER LEVEL	ft	below land surface	measured on mo/day	/yr
ļ <u>,</u> -	1	Fet Vield on	iia: Well water was	S	ft after	hours pumping	gpm
Est. Yield gpm: Well water was ft. after hours pumping gpm. Well water was supply 8 Air conditioning 11 Injection well							ction well
WELL WATER TO BE USED AS: 5 Public water supply WELL WATER TO BE USED AS: 5 Public water supply By Air conditioning 11 Injection well 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn& garden) 10 Monitoring well							
2 Irrigation 4 Industrial 7 Domestic (lawn& garden) 10 Monitoring well							
_S	WSE	.					
Was a chemical/bacteriological sample submitted to Department'? Yes No X If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes X No							
Sample was submitted							
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped							
&	Steel	3 RMP (SR) 6 Asbesto	s-Cement 9 O	ther (specify	y below)	Welded	
Blank casing diameter 5 in. to 116 ft., Diameter in. to ft. Casing height above land surface 3 in., Weight SCH 40 lbs./ft. Wall thickness or guage No.							
Casing	height abov	ve land surface 3	in., Weight SC	H 40	lbs./ft. Wall thick	eness or guage No.	m. tott.
TYPEC	F SCREE	N OR PERFORATION MAI	EKIAL:				
I	Steel		erglass (7)PVC	9.	ABS	1 1 Other (Specify)	
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)							
SCREEN OR PERFORATION OPENINGS ARE: I Continuous slot 3 Mill slot 5 Guazed wrapped 7 Torch cut 9 Drilled holes I I None (open hole)							
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 133 ft. to ft.							
SCREE	N-PERFO	RATED INTERVALS: From	133 ft. 1	to 113	ft., From	ft. to	ft.
		From PACK INTERVALS: From	ft. 1	to	ft., From	ft. to	ft.
	GRAVEI	L PACK INTERVALS: From	.133 ft.	to	ft., From	ft. to	ft.
		From	ft. 1	to	ft., From	ft. to	ft.
6 GRO	UT MATI	ERIAL: I Neat cement 2	Cement grout 3	Bentonite	4 Other		
6 GROUT MATERIAL: I Neat cement 2 Cement grout Bentonite 4 Other Grout Intervals: From 32 ft. to ft., From ft. to ft.							
What is the nearest source of possible contamination:							
	Septic tanl					secticide Storage	16 Other (specify
	Sewer line		8 Sewage lagoon	I I Fuel s		bandoned water well	below)
Directio	Watertigh	t sewer lines 6 Seepage pit	9 Feedyard	12 Fertil	izer Storage 15 Oil ny feet? 999	well/gas well	
FROM	TO	LITHOLOGI	CLOG	FROM	I TO	PLUGGING INTI	DVAIC
0	5	Top Soil	C LOG	TROW	1 10	FLOOGING INTI	RVALS
5	35	Silty clays					
35	90	Sandy clay layers with small	gravel				
90	120	Large gravel with clay layers					*******
120	135	Tan shale					
		- ditted - totot					
7.00317	TD A CITOR	IC OD I ANDOUGEDIG CET	TIPLO A TION TO	:	11	4-1 (2)	1 (2) 1 1
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) 12/4/07							
under my jurisdiction and was completed on (mo/day/year) $\frac{12/4/07}{1}$ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. $\frac{665}{1}$ This Water Well Record was completed on (mo/day/year) $\frac{5/7/08}{1}$							
under the	e business	name of Pratt Well Service,	Inc.	b		Thurs El	//
INSTRUC	CTIONS: Use	e typewriter or ball point pen. PLEA	SE PRESS FIRMLY an	d PRINT clea	rly. Please fill in blanks.	underline or circle the co	rrect answers. Send top
three copie	s to Kansas l	Department of Health and Environme	nt, Bureau of Water, Ge WNFR and retain o	ology Section,	1 000 SW Jackson St., S	uite 420, Topeka, Kansas 6	6612-1367. Telephone

http://www.kdhe.state.ks.us/geo/waterwells.