

1 LOCATION OF WATER WELL		Fraction <u>SE 1/4</u>	Section Number <u>11</u>	Township Number <u>T 29 S</u>	Range Number <u>R 11 E/W</u>
County: <u>Prairie</u>		Distance and direction from nearest town or city? <u>6 N 2 1/2 West of Nashville, Kansas</u>			
2 WATER WELL OWNER: <u>Heo Best</u>		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #: <u>564 Sunrise Ave Pratt, Kansas</u>		Application Number:			
City, State, ZIP Code: <u>67124</u>					
3 DEPTH OF COMPLETED WELL: <u>40</u> ft. Bore Hole Diameter: <u>8</u> in. to ft., and in. to ft.					
Well Water to be used as:					
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial		<input type="checkbox"/> Public water supply <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Lawn and garden only		<input type="checkbox"/> Air conditioning <input type="checkbox"/> Dewatering <input type="checkbox"/> Observation well <input type="checkbox"/> Injection well <input type="checkbox"/> Other (Specify below)	
Well's static water level: <u>20</u> ft. below land surface measured on month <u>12</u> day <u>81</u> year					
Pump Test Data: <u>NA</u> Well water was ft. after hours pumping gpm					
Est. Yield: <u>NA</u> gpm Well water was ft. after hours pumping gpm					
4 TYPE OF BLANK CASING USED:					
<input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> RMP (SR) <input type="checkbox"/> ABS		<input type="checkbox"/> Wrought iron <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Fiberglass		<input type="checkbox"/> Concrete tile <input type="checkbox"/> Other (specify below)	
Casing Joints: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded					
Blank casing dia: <u>5"</u> in. to <u>20</u> ft. Dia: in. to ft. Dia: in. to ft.					
Casing height above land surface: <u>2 feet Above</u> in. weight lbs./ft. Wall thickness or gauge No: <u>14</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="checkbox"/> Steel <input type="checkbox"/> Brass <input type="checkbox"/> Stainless steel <input type="checkbox"/> Galvanized steel		<input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete tile		<input checked="" type="checkbox"/> PVC <input type="checkbox"/> RMP (SR) <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-cement <input type="checkbox"/> Other (specify) <input type="checkbox"/> None used (open hole)	
Screen or Perforation Openings Are:					
<input checked="" type="checkbox"/> Continuous slot <input type="checkbox"/> Louvered shutter		<input type="checkbox"/> Mill slot <input type="checkbox"/> Key punched		<input type="checkbox"/> Gauzed wrapped <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Saw cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> Other (specify) <input type="checkbox"/> None (open hole)	
Screen-Perforation Dia: <u>5 1/4</u> in. to ft. Dia: in. to ft. Dia: in. to ft.					
Screen-Perforated Intervals: From <u>20</u> ft. to <u>40</u> ft. From ft. to ft. From ft. to ft.					
Gravel Pack Intervals: From <u>10</u> ft. to <u>30</u> ft. From ft. to ft. From ft. to ft.					
5 GROUT MATERIAL:					
<input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other		Grouted Intervals: From <u>1</u> ft. to <u>10</u> ft. From ft. to ft. From ft. to ft.			
What is the nearest source of possible contamination:					
<input type="checkbox"/> Septic tank <input type="checkbox"/> Sewer lines <input type="checkbox"/> Lateral lines		<input type="checkbox"/> Cess pool <input type="checkbox"/> Seepage pit <input type="checkbox"/> Pit privy		<input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Feed yard <input type="checkbox"/> Livestock pens <input type="checkbox"/> Fuel storage <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Oil well/Gas well <input type="checkbox"/> Other (specify below) <u>Pasture Land</u>	
Direction from well: How many feet: ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date sample was submitted month day year: Pump Installed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
If Yes: Pump Manufacturer's name: <u>2 1/2" cyclone</u> Model No. HP Volts					
Depth of Pump Intake: <u>25 feet</u> ft. Pumps Capacity rated at gal./min.					
Type of pump: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Centrifugal <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Other					
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>1</u> month <u>12</u> day <u>81</u> year					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>226</u>					
This Water Well Record was completed on <u>2</u> month <u>12</u> day <u>81</u> year under the business name of <u>Webb Well Service</u> by (signature) <u>Leon Gubben</u>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM		TO	
		Top Soil		1	
		10		10	
		10		20	
		20		30	
		30		40	
		TOTA		Depth of well 40 feet clay bottom	
ELEVATION:		FROM		TO	
Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. 4. ft. (Use a second sheet if needed)					

OFFICE USE ONLY

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