

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Pratt</u>		<u>SW 1/4 SW 1/4</u>	<u>31</u>	T <u>29</u> S	R <u>11</u> E/W
Distance and direction from nearest town or city street address of well if located within city? <u>1 mile West of Jabel Kansas</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #:		Application Number:			
City, State, ZIP Code:		<u>519 Park Pratt Kansas</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>95</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>80</u> ft. 2. <u>95</u> ft. 3. <u>5-24-83</u> ft.			
		WELL'S STATIC WATER LEVEL <u>80</u> ft. below land surface measured on mo/day/yr			
		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>12</u> in. to <u>95 feet</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS <u>X</u>			
		<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <u>Stock well</u> <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>✓</u> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <u>✓</u> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<u>2 PVC</u>		<u>4 ABS</u>		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <u>5</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				8 Concrete tile	
Casing height above land surface <u>2 feet</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>14</u>				9 Other (specify below) _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:				CASING JOINTS: Glued <u>✓</u> Clamped _____	
1 Steel		3 Stainless steel		Welded _____	
2 Brass		4 Galvanized steel		Threaded _____	
3 Fiberglass		6 Concrete tile		8 RMP (SR)	
4 ABS		9 ABS		11 Other (specify) _____	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut	
<u>1</u> Continuous slot		6 Wire wrapped		9 Drilled holes	
2 Louvered shutter		7 Torch cut		10 Other (specify) _____	
4 Key punched				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <u>75</u> ft. to <u>95</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>95</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <u>1</u> Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout 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:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below) <u>none wheat field</u>	
Direction from well?				How many feet? _____	
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<u>Top Soil</u>	<u>1</u>				
<u>10</u>	<u>10</u>	<u>Clay and fine Sand</u>	<u>01</u>		
<u>20</u>	<u>20</u>	<u>Sand</u>	<u>07</u>		
<u>30</u>	<u>30</u>	<u>White Hydrated Sand</u>	<u>36</u>		
<u>40</u>	<u>40</u>	<u>Sand</u>	<u>05</u>		
<u>50</u>	<u>50</u>	<u>Clay</u>	<u>01</u>		
<u>60</u>	<u>60</u>	<u>Sand and clay</u>	<u>04</u>		
<u>70</u>	<u>70</u>	<u>Sand</u>	<u>07</u>		
<u>80</u>	<u>80</u>	<u>Coarse Gravel</u>	<u>15</u>		
<u>90</u>	<u>90</u>	<u>Sand</u>	<u>05</u>		
<u>95</u>	<u>95</u>	<u>Sand 95 feet Total</u>			
		<u>Rest Clay Bottom</u>			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-24-83</u> 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 (mo/day/yr) <u>5-24-83</u> under the business name of <u>Weber Well Service</u> by (signature) <u>Leon G. Weber</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, 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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EAT

SEC.

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SW 1/4

1/4

1/4

DP