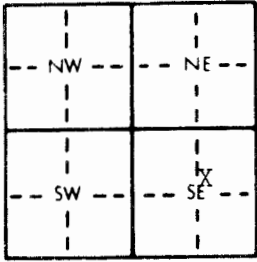


1 LOCATION OF WATER WELL:		Fraction <b>SW 1/4 NE 1/4 SE 1/4</b>	Section Number <b>13</b>	Township Number <b>T 29 S</b>	Range Number <b>R 11 W E/W</b>
County: <b>PRATT</b>					
Distance and direction from nearest town or city street address of well if located within city? <b>12 E. 2-N. OF SAWYER, KS.</b>					
2 WATER WELL OWNER: <b>WHITE &amp; ELLIS DRILLING, INC.</b>					
RR#, St. Address, Box # : <b>BOX 1586</b>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>GREAT BEND, KS 67530</b>			Application Number: <b>94-0309</b>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>109</b> ft. ELEVATION: .....			
<div style="text-align: center;"></div>		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <b>16</b> ft. below land surface measured on mo/day/yr .....			
		Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm			
		Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm			
Bore Hole Diameter <b>9</b> in. to ..... ft., and ..... in. to ..... ft.		WELL WATER TO BE USED AS:			
1 Domestic		3 Feedlot		<input checked="" type="checkbox"/> Oil field water supply	
2 Irrigation		4 Industrial		7 Lawn and garden only	
5 Public water supply		8 Air conditioning		11 Injection well	
9 Dewatering		12 Other (Specify below)			
Was a chemical/bacteriological sample submitted to Department? Yes.....No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<input checked="" type="checkbox"/> 2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <b>5</b> in. to <b>9.9</b> ft. Dia. .... in. to ..... ft. Dia. .... in. to ..... ft.		Casing height above land surface <b>1.2</b> in., weight ..... lbs./ft. Wall thickness or gauge No. ....		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped .....	
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> PVC		10 Asbestos-cement	
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut	
1 Continuous slot		<input checked="" type="checkbox"/> 3 Mill slot		6 Wire wrapped	
2 Louvered shutter		4 Key punched		7 Torch cut	
SCREEN-PERFORATED INTERVALS: From <b>9.9</b> ft. to <b>10.9</b> ft., From ..... ft. to ..... ft.		8 RMP (SR)		11 Other (specify) .....	
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>10.9</b> ft., From ..... ft. to ..... ft.		9 ABS		12 None used (open hole)	
From ..... ft. to ..... ft., From ..... ft. to ..... ft.		10 Other (specify) .....			
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other .....					
Grout intervals: From <b>0</b> ft. to <b>20</b> 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)	
				NONE KNOWN	
Direction from well? How many feet?					
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) <b>8-21-94</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>462</b> This Water Well Record was completed on (mo/day/yr) <b>10-20-94</b> under the business name of <b>SAM'S WATER WELL SERVICE</b> by (signature) <i>[Signature]</i>					
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.					