

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>PRATT</u>		<u>NE 1/4 NW 1/4 NW 1/4</u>	<u>32</u>	<u>T 29 S</u>	<u>R 11 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1 MILE NORTH AND 1/2 MILE EAST</u>					
2 WATER WELL OWNER: <u>ULAH MAE BLACKWELDER</u>					
RR#, St. Address, Box # : <u>RTE-3</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : <u>BOX 79 HOOKER OKLA 73945</u>				Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>60</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>30</u> 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 _____ in. to _____ ft. and _____ in. to _____ ft.			
WELL WATER TO BE USED AS:					
<input checked="" type="radio"/> Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below) <input type="radio"/> 2 Irrigation    4 Industrial    7 Lawn and garden only    10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes _____ No _____					
5 TYPE OF BLANK CASING USED:					
<input checked="" type="radio"/> Steel    3 RMP (SR)    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued _____ Clamped _____ <input type="radio"/> PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded _____ <input type="radio"/> 5    7 Fiberglass    Threaded _____					
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="radio"/> Steel    3 Stainless steel    5 Fiberglass    8 RMP (SR)    10 Asbestos-cement    11 Other (specify) <u>NA</u> <input type="radio"/> 2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS    12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
<input type="radio"/> 1 Continuous slot    3 Mill slot    5 Gauzed wrapped    8 Saw cut    11 None (open hole) <input type="radio"/> 2 Louvered shutter    4 Key punched    6 Wire wrapped    9 Drilled holes <input type="radio"/> 7 Torch cut    10 Other (specify) <u>NA</u>					
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    4 Other					
Grout Intervals: From <u>30</u> ft. to <u>120</u> ft., From <u>1</u> ft. to <u>10</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input type="radio"/> 1 Septic tank    4 Lateral lines    7 Pit privy    10 Livestock pens    14 Abandoned water well <input type="radio"/> 2 Sewer lines    5 Cess pool    8 Sewage lagoon    11 Fuel storage    15 Oil well/Gas well <input type="radio"/> 3 Watertight sewer lines    6 Seepage pit    9 Feedyard    12 Fertilizer storage    16 Other (specify below) <u>NONE</u> <input type="radio"/> 13 Insecticide storage					
Direction from well? _____ How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			<u>60'</u>	<u>30'</u>	<u>SAND</u>
			<u>30'</u>	<u>1'</u>	<u>BENTONITE</u>
			<u>1'</u>	<u>0'</u>	<u>CEMENT</u>
<u>CLORINATED BEFORE SAND AND AT TOP OF SAND</u>					
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) <u>4-1-95</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) <u>4-1-95</u>					
under the business name of <u>HOME OWNER</u> by (signature) <u>Ulah Mae Blackwelder</u>					
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle for corrections. Send to Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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