

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Pratt	NW 1/4 NE 1/4 NE 1/4	29	T 29 S	R 12 E 0
Distance and direction from nearest town or city street address of well if located within city? 1/2 East of Sanger on 42 Hwy South side of Rd				
2 WATER WELL OWNER: Paul Kennedy				
RR#, St. Address, Box # : 40287 SE 1/4 - 42 Hwy			Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : Sanger KS 67134			Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:				
		4 DEPTH OF COMPLETED WELL 118 ft. ELEVATION:		
		Depth(s) Groundwater Encountered 1 ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 89 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 WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 1 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) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Domestic (lawn & garden) <input type="checkbox"/> 10 Monitoring well		
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:				
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS		5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass _____ Threaded _____		
Blank casing diameter 5 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				
Casing height above land surface 12 in., weight 160 lbs./ft. Wall thickness or gauge No. _____				
TYPE OF SCREEN OR PERFORATION MATERIAL:				
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless Steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized Steel <input type="checkbox"/> 6 Concrete tile		<input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 10 Asbestos-Cement <input type="checkbox"/> 11 Other (Specify) _____ <input type="checkbox"/> 12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE:				
<input checked="" type="checkbox"/> Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched		<input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____ ft.		
SCREEN-PERFORATED INTERVALS: From 118 ft. to 98 ft., From _____ ft. to _____ ft.				
GRAVEL PACK INTERVALS: From 118 ft. to 55 ft., From 40 ft. to 20 ft.				
6 GROUT MATERIAL:				
1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other _____ Grout Intervals: From 55 ft. to 40 ft., From 20 ft. to 0 ft., From _____ ft. to _____ ft.				
What is the nearest source of possible contamination:				
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit		<input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input checked="" type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 13 Insecticide storage		
Direction from well? East How many feet? 110ft+				
LITHOLOGIC LOG				
FROM	TO		FROM	TO
0	6	Blk Top Soil		
6	10	White Clay		
10	20	Tan Clay		
20	40	Fine Sand		
40	55	White Clay		
55	75	Fine Sand		
75	88	White Clay		
88	101	Fine Sand		
101	118	Coarse Sand		
PLUGGING INTERVALS				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10-2-03 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 672 This Water Well Record was completed on (mo/day/yr) 10-11-03 under the business name of Crowdis Water Well by (signature) <i>Tom Crowdis</i>				