

|                           |       |  |                |                 |              |
|---------------------------|-------|--|----------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL: |       | Fraction   | Section Number | Township Number | Range Number |
| County:                   | Pratt | $\frac{1}{4}$ S $\frac{1}{2}$ $\frac{1}{4}$ NW $\frac{1}{4}$ | 5              | T 29 S          | R 12 E/W     |

Distance and direction from nearest town or city street address of well if located within city?

3 3/4 north 4 1/2 west of Sawyer

|                           |                       |   |
|---------------------------|-----------------------|---|
| 2] WATER WELL OWNER:      | Allen Drilling        |   |
| RR#, St. Address, Box # : | Box 1389              | Board of Agriculture, Division of Water Resources |
| City, State, ZIP Code :   | Great Bend, Ks. 67530 | Application Number: 900283                        |

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL.....180..... ft. ELEVATION: .....

WELL'S STATIC WATER LEVEL ... 100 ... ft. below land surface measured on mo/day/yr 7-11-90

1 Mile
W

NW  
X

NE

---

SW

SE

E

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm

Est. Yield ... na ... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

Bore Hole Diameter ... 10 ... in. to ... 180 ... ft., and ... in. to ... ft.

WELL WATER TO BE USED AS:

|              |              |                                 |                    |                          |
|--------------|--------------|---------------------------------|--------------------|--------------------------|
| 1 Domestic   | 3 Feedlot    | 6 <u>Oil field water</u> supply | 8 Air conditioning | 11 Injection well        |
| 2 Irrigation | 4 Industrial | 7 <u>Lawn and garden</u> only   | 9 Dewatering       | 12 Other (Specify below) |
|              |              |                                 | 10 Monitoring well |                          |

Was a chemical/bacteriological sample submitted to Department? Yes.....No... X.....; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes hth No

|   |                            |            |                   |                         |  |
|---|----------------------------|------------|-------------------|-------------------------|--|
| 5 | TYPE OF BLANK CASING USED: |            | 5 Wrought iron    | 8 Concrete tile         | CASING JOINTS: Glued <input checked="" type="checkbox"/> . . . . . Clamped . . . . .<br>Welded . . . . .<br>Threaded . . . . . |
|   | 1 Steel                    | 3 RMP (SR) | 6 Asbestos-Cement | 9 Other (specify below) |  |
|   | 2 PVC                      | 4 ABS      | 7 Fiberglass      |                         |  |

Blank casing diameter . . . . . 5 . . . . . in. to . . . 160 . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
Casing height above land surface . . . . . 12 . . . . . in., weight . . . . . 258 . . . . . lbs./ft. Wall thickness or gauge No. . . . .

|   |                    |                 |              |                          |
|---|--------------------|-----------------|--------------|--------------------------|
| TYPE OF SCREEN OR PERFORATION MATERIAL: |                    |                 | <u>7 PVC</u> | 10 Asbestos-cement       |
| 1 Steel                                 | 3 Stainless steel  | 5 Fiberglass    | 8 RMP (SR)   | 11 Other (specify) ..... |
| 2 Brass                                 | 4 Galvanized steel | 6 Concrete tile | 9 ABS        | 12 None used (open hole) |

|                                     |               |                  |                          |                     |
|-------------------------------------|---------------|------------------|--------------------------|---------------------|
| SCREEN OR PERFORATION OPENINGS ARE: |               | 5 Gauzed wrapped | 8 <u>Saw cut</u>         | 11 None (open hole) |
| 1 Continuous slot                   | 3 Mill slot   | 6 Wire wrapped   | 9 Drilled holes          |                     |
| 2 Louvered shutter                  | 4 Key punched | 7 Torch cut      | 10 Other (specify) ..... |                     |

|                              |  |   |
|------------------------------|--|---|
| SCREEN-PERFORATED INTERVALS: | From . . . . . 160 . . . . . ft. to . . . . . 180 . . . . . ft., | From . . . . . ft. to . . . . . ft.                             |
|                              | From . . . . . ft. to . . . . . ft.,                             | From . . . . . ft. to . . . . . ft.                             |
| GRAVEL PACK INTERVALS:       | From . . . . . 20 . . . . . ft. to . . . . . 128 . . . . . ft.,  | From . . . . . 138 . . . . . ft. to . . . . . 160 . . . . . ft. |
|                              | From . . . . . ft. to . . . . . ft.,                             | From . . . . . ft. to . . . . . ft.                             |

6] GROUT MATERIAL: 1 Neat cement      2 Cement grout      3 Bentonite      4 Other hole plug 128 to 138  
Grout Intervals: From 0 ft. to 20 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     | 10 Livestock pens      | 14 Abandoned water well      |
| 2 Sewer lines            | 5 Cess pool     | 8 Sewage lagoon | 11 Fuel storage        | 15 <u>Oil well</u> /Gas well |
| 3 Watertight sewer lines | 6 Seepage pit   | 9 Feedyard      | 12 Fertilizer storage  | 16 Other (specify below)     |
|                          |                 |                 | 13 Insecticide storage | .....                        |

|                      |            |                |     |
|----------------------|------------|----------------|-----|
| Direction from well? | north west | How many feet? | 120 |
|----------------------|------------|----------------|-----|

[illegible]

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) 7-11-90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134 This Water Well Record was completed on (mo/day/year) 7-25-90 under the business name of Rosecrantz-Bemis by (signature) Fredia Dodson

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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

T

7

EM

SEC

 $\frac{1}{4}$  $\frac{1}{2}$  $\frac{1}{2}$