

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>PRATT</u>		<u>NE 1/4 NE 1/4 NW 1/4</u>	<u>7</u>	<u>29 S</u>	<u>R 12 W 1/4</u>
Distance and direction from nearest town or city street address of well if located within city? <u>3 mi. 1/2 E. Sawyer, Ks.</u>					
3 <u>S. of 54 Highway on the Rd. to Isabel, turn S. at Cairo, Ks.</u>					
2 WATER WELL OWNER: <u>William R. Stoops</u>					
RR#, St. Address, Box # : <u>Sawyer, Ks.</u>					
City, State, ZIP Code : _____					
Board of Agriculture, Division of Water Resources					
Application Number: _____					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>175</u> ft. ELEVATION: _____			
<div style="text-align: center;"><p>1 Mile</p></div>		Depth(s) Groundwater Encountered 1. <u>65</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>65</u> ft. below land surface measured on mo/day/yr <u>3-2-82</u>			
		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 <u>11</u> in. to _____ ft., and _____ in. to _____ ft.			
WELL WATER TO BE USED AS:		5 Public water supply 8 Air conditioning 11 Injection well			
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes <u>X</u> No _____					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____					
2 PVC 4 ABS 7 Fiberglass _____ Threaded _____					
Blank casing diameter <u>5</u> in. to <u>125</u> ft. Dia _____ in. to _____ ft. Dia _____					
Casing height above land surface <u>12</u> in. weight <u>1.59</u> lbs./ft. Wall thickness or gauge No. <u>203</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____					
12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)					
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes					
7 Torch cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <u>125</u> ft. to <u>175</u> ft. From _____ ft. to _____ ft.					
From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>175</u> ft. 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 0 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 10 Livestock pens 14 Abandoned water well					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)					
13 Insecticide storage <u>NONE APPARENT</u>					
Direction from well? _____ How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Topsoil			
2	16	Sandy Clay			
16	26	Medium Sand			
26	58	Clay			
58	72	Medium Sand			
72	91	Clay			
91	116	Medium to Coarse Sand			
116	122	Clay			
122	162	Medium to Coarse Sand			
162	175	Clay			
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>3-2-82</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>236</u> This Water Well Record was completed on (mo/day/yr) <u>5-4-82</u> under the business name of <u>Harp Well & Pump Serv., Inc.</u> by (signature) <u>M. Arnold</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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EWD

SEC.

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NE 1/4

NE 1/4

NE 1/4