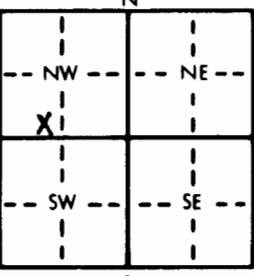


<b>1 LOCATION OF WATER WELL:</b> County: <b>Pratt</b>		Fraction SE 1/4 SW 1/4 NW 1/4		Section Number <b>14</b>	Township Number T <b>29</b> S	Range Number R <b>13</b> EW
Distance and direction from nearest town or city street address of well if located within city? <b>2 west, 1.6 north, 670' East of Sawyer, Kansas</b>						
<b>2 WATER WELL OWNER:</b> <b>H-30, Inc.</b> <b>Charles Wray</b> RR#, St. Address, Box #: <b>251 N. Water, Suite 10 Sawyer, KS</b> City, State, ZIP Code: <b>Wichita, KS 67202</b> Lease: <b>Wray 1A</b> Board of Agriculture, Division of Water Resources Application Number: <b>T 04-1009</b>						
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b> <b>140</b> ft. <b>ELEVATION:</b> .....				
<div style="text-align: center;"></div>		Depth(s) Groundwater Encountered 1. <b>80</b> ft. 2. .... ft. 3. .... ft.				
		WELL'S STATIC WATER LEVEL <b>79</b> ft. below land surface measured on mo/day/yr <b>27 Nov. 84</b>				
		Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm				
		Est. Yield <b>80</b> gpm: Well water was ..... ft. after ..... hours pumping ..... gpm				
Bore Hole Diameter <b>10</b> in. to <b>140</b> ft., and ..... in. to ..... ft.		WELL WATER TO BE USED AS:				
1 Domestic 3 Feedlot <b>6</b> Oil field water supply 9 Dewatering 12 Other (Specify below)		5 Public water supply 8 Air conditioning 11 Injection well				
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well		Was a chemical/bacteriological sample submitted to Department? Yes.....No <b>X</b> .....; If yes, mo/day/yr sample was sub-				
mitted		Water Well Disinfected? Yes <b>X</b> No				
<b>5 TYPE OF BLANK CASING USED:</b>						
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile		CASING JOINTS: Glued ..... Clamped .....				
<b>2</b> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....		Threaded.....				
7 Fiberglass		Blank casing diameter <b>.5</b> in. to <b>120</b> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.				
Casing height above land surface <b>12</b> in., weight <b>2.34</b> lbs./ft. Wall thickness or gauge No. <b>214</b>		TYPE OF SCREEN OR PERFORATION MATERIAL:				
1 Steel 3 Stainless steel 5 Fiberglass <b>7</b> PVC 10 Asbestos-cement		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:				
1 Continuous slot 3 Mill slot 5 Gauzed wrapped <b>8</b> 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 <b>120</b> ft. to <b>140</b> ft., From ..... ft. to ..... ft.				
GRAVEL PACK INTERVALS: From <b>10</b> ft. to <b>140</b> ft., From ..... ft. to ..... ft.		From ..... ft. to ..... ft., From ..... ft. to ..... ft.				
<b>6 GROUT MATERIAL:</b> 1 Neat cement <b>2</b> Cement grout 3 Bentonite 4 Other .....						
Grout Intervals: From <b>0</b> ft. to <b>10</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 10 Livestock pens 14 Abandoned water well		11 Fuel storage 15 Oil well/Gas well				
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)		13 Insecticide storage				
3 Watertight sewer lines 6 Seepage pit 9 Feedyard		How many feet?				
Direction from well?						
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
0	2	Soil				
2	15	01 Clay, Tan				
15	26	07 Sand, Fine				
26	30	01 Clay, Tan				
30	75	05 Sand, Fine to med.				
75	80	01 Clay, Tan				
80	115	05 Sand, Fine to med.				
115	140	17 Sand, Med. to course & Med. gravel				
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>12-10-84</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>N/A</b> This Water Well Record was completed on (mo/day/yr) <b>2-18-85</b> under the business name of <b>H-30, Inc.</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.						