376	59		WATE	R WELL RECO	ORD F	orm WWC	-5 KSA 8	2a-1212						
1 LOCATION OF WATER WELL:			Fraction				ection Number		Township Number			Range Number		
County: Pratt			NW 1/4			1/4	35	т	29	s	R	14	K/W	
		from nearest town o			if located	within city	?							
		y 2 miles so												
2 WATE	R WELL OW		rles Ber	_										
RR#, St. Address, Box # : 307 North Ninnescah Board of Agriculture, Division of Wate												f Water	Resource	
	e, ZIP Code		tt, KS					App	plication I	Number:	42,01	5		
3 LOCAT	E WELL'S L	OCATION WITH 4	DEPTH OF C	OMPLETED W	/ELL	176	ft. ELE\	/ATION:	Unkn	own				
AN X	IN SECTIO	N De	pth(s) Ground	water Encounte	ered 1		ft	. 2		ft. 3			ft.	
WELL'S STATIC WATER LEVEL 88 ft. below land surface measured on mo/day/yr											12-	10-99		
	NW		Pum	p test data: W	/ell water	was not	t.ch!d. n.	after		hours pu	mpina		apn	
	Est. Yieldunknown gpm: Well water was ft. after hours pumping											apn		
. w F	Bore Hole Diameter										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 (5							Other (Sp	ecify be	low)					
	1		2 Irrigation	4 Indust	rial 7	Lawn and	garden only	10 Monitori						
 L	1	I Wa	s a chemical/	bacteriological s	sample su	bmitted to	Department?	Yes	NoX	; If yes,	mo/day/y	/r sample	was sul	
-		s mit	ted					Vater Well Dis	sinfected'	? Yes		No X	•	
5 TYPE (OF BLANK (CASING USED:		5 Wrought iro	on .	8 Con	crete tile	CASI	NG JOIN	TS: Glued	,×	Clampec	1	
1 St	eei	3 RMP (SR)		6 Asbestos-C	ement	9 Othe	er (specify bel	ow)		Welde	ed			
2 P\		4 ABS		7 Fiberglass						Threa	ded			
Blank casi	ing diameter		to 1.1.5	ft., Dia .		in.	to	ft., Dia		<i></i> i	in. to		ft.	
Casing he	ight above la	and surface	1.2	.in., weight	16,	15	lbs	s./ft. Wall thic	kness or	gauge No	o	500		
		R PERFORATION M	ATERIAL:			<u>7 F</u>	VC		10 Asbes	stos-ceme	nt			
1 St		3 Stainless ste	el	5 Fiberglass		8 F	MP (SR)		11 Other	(specify)				
2 Br		4 Galvanized :	steel 6 Concrete tile			9 A	BS		12 None used (o					
		RATION OPENINGS			5 Gauzed	wrapped		8 Saw co	ut		11 None	e (open l	hole)	
	ontinuous slo		 -	•	6 Wire wr	apped		9 Drilled	holes					
	uvered shutt				7 Torch c			10 Other	(specify)					
SCHEEN-	PERFORATI	ED INTERVALS:	From	. 115	ft. to	1./.ɔ	ft., Fr	om		ft. to)			
,	CDAVEL DA	OK INTERVALO	From		ft. to	170	ft., Fr	om		ft. to	·		ft.	
	SHAVEL PA			22		I./.Q								
6 GBOUT	MATERIAL		From		ft. to	0.0-	tt., Fr	rom		ft. to)		ft.	
Grout Inter		m0ft. 1		2 Cement grou	<u>π</u>	3 Ben	tonite 4	4 Other	• • • • • • • • • • • • • • • • • • •	• • • • • • •				
	e nearest so	ource of possible con	tamination:			IL.			rom					
	ptic tank	4 Lateral lin		7 Pit p	rivor			estock pens			pandoned		ell	
	wer lines	5 Cess poo	· · · · · · · · · · · · · · · · · · ·			_		el storage tilizer storage				well/Gas well ner (specify below)		
		er lines 6 Seepage	33-			ır		•		None		-	V)	
Direction f	-	or mico o occpage	pit	<i>3</i> 1 ee 0	iyaiu			ecticide storaç	ge .	Nune	. KUUW.	4		
FROM	TO	Ī	ITHOLOGIC	LOG		FROM	TO	any feet?	PLU	GGING IN	ITERVAL	S		
0	3	Topsoil												
3	33	Clay												
33	115	Sand and gr	avel, fi	ne, mediu	ım,									
		coarse									·			
115	118	Clay, sandy												
118	147	Sand and gr	avel, fi	ne, mediu	ım,									
		coarse												
147	148	Cemented sa	nd, hard											
148	160	Sand and gr	avel, fi	ne, mediu	ım,									
		coarse												
160	165	Clay, sandy	with lo	ts of san	d and									
		grave1												
165	171	Sand and gr	avel, fi	ne, mediu	m,									
		coarse												
171	178	Clay					1							
7 CONTE	RACTOR'S	OR LANDOWNER'S	CERTIFICATION	ON: This water	well was	(1) constr	ucted, (2) red	constructed, c	or (3) plud	gged unde	er my iuri	sdiction	and was	
completed	on (mo/day/	'year)12 .	TO-99				and this rec	ord is true to	the best	of my kno	wledge a	nd belief	Kansas	
Water Well	Contractor's	s License No	185	This W	Vater Well	Record w	as completed	on (mo/da/	(yr)	12/13		/		
	business nar	me of Clarke	Well & E	quipment,	Inc.		by (sign		aul	1/1	hut			
INSTRUC	CTIONS: Use typ	pewriter or ball point pen. I	PLEASE PRESS FI	RMLY and PRINT cl	learly. Please	fill in blanks	, underline or circ	le the correct an	swers. Send	top three c	opies to Kai	nsas Depar	tment	
of Health	n and Environm	ent, Bureau of Water, Tope	ka, Kansas 66620	0-0001. Telephone: 9	913-296-5545	. Send one t	WATER WELL (OWNER and retain	in one for y	our records.	-	•		