

1 LOCATION OF WATER WELL: County: <u>Pratt</u>		Fraction SW 1/4 SW 1/4 SE 1/4		Section Number <u>18</u>		Township Number T <u>29</u> S		Range Number R <u>15</u> <u>EW</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>3 west of Springvale, Ks.</u>									
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :		<u>Coronado Oil Inc.</u> <u>201 North Main</u> <u>Hutchinson, Ks. 67501</u>				Board of Agriculture, Division of Water Resources Application Number: <u>787-25</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>140</u> ft. ELEVATION: _____							
		Depth(s) Groundwater Encountered 1. <u>7.6</u> ft. 2. _____ ft. 3. _____ ft.							
		WELL'S STATIC WATER LEVEL <u>8.0</u> ft. below land surface measured on mo/day/yr _____							
		Pump test data: Well water was <u>na</u> ft. after _____ hours pumping _____ gpm							
		Est. Yield <u>na</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Bore Hole Diameter <u>10</u> in. to <u>150</u> 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? <u>Yes</u> <u>hth</u> No									
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <u>X</u> Clamped _____							
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>100</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>258</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC _____ 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 Saw cut _____ 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 <u>100</u> ft. to <u>140</u> ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>140</u> ft., From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other _____									
Grout Intervals: From <u>0</u> 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 <u>Oil well/Gas well</u>									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)									
13 Insecticide storage									
Direction from well? <u>south west</u> How many feet? <u>145</u>									
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG				
0	3	Top soil							
3	32	Brown clay							
32	100	Sand and gravel							
100	106	Brown clay							
106	139	Sand and gravel							
139	150	White and gray clay							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>1-21-87</u> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <u>134</u> This Water Well Record was completed on (mo/day/yr) <u>1-26-87</u>									
under the business name of <u>Rosencantz-Bemis</u> by (signature) <u>Freddie Rodson</u>									
INSTRUCTIONS: Use typewriter or ball point pen, <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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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EW

SEC.

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SW

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SW

1/4

SE

1/4