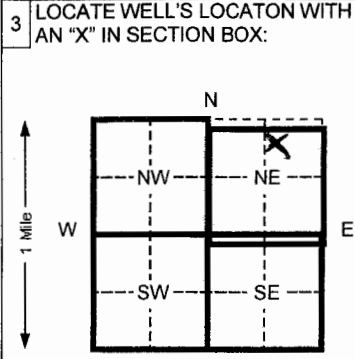


1 LOCATION OF WATER WELL: Fraction **Lincoln** NW ¼ NE ¼ NE ¼ Section Number **13** Township Number **T 10 S** Range Number **R 7 W**

Distance and direction from nearest town or city street address of well if located within city?
321 Main Street, Barnard, Kansas

2 WATER WELL OWNER: **Barnard Home Oil**
 RR#, St. Address, Box # : **321 Main Street** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Barnard, Ks 67418** Application Number:



4 DEPTH OF COMPLETED WELL **20.5** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 **15.5** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **13.43** ft. below land surface measured on mo/day/yr **03/24/05**
 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 **8.625** In. to **20.5** Ft. and _____ in. to _____ Ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 **Monitoring well MW-4**
 Was a chemical/bacteriological sample submitted to Department? Yes **No X** If yes, mo/day/yr sample was Submitted _____ Water Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED:
 1 Steel _____ 3 RMP (SR) _____ 5 Wrought Iron _____ 8 Concrete tile _____ CASING JOINTS: Glued _____ Clamped _____
 2 **PVC** 4 ABS _____ 6 Asbestos-Cement _____ 9 Other (specify below) _____ Welded _____
 7 Fiberglass _____ **Threaded** **X**
 Blank casing diameter **2** In. to **5.5** Ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **FLUSH** in., weight **SCH 40** Lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel _____ 3 Stainless steel _____ 5 Fiberglass _____ 7 **PVC** _____ 10 Asbestos-cement _____
 2 Brass _____ 4 Galvanized steel _____ 6 Concrete tile _____ 8 RMP (SR) _____ 11 Other (specify) _____
 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 **5.5** ft. to **20.5** ft. From _____ ft. to _____ ft.
 SAND PACK INTERVALS: From **3.5** ft. to **20.5** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement _____ 2 Cement grout _____ 3 **Bentonite** _____ 4 Other _____
 Grout Intervals From3 **0** ft. to **1.5** Ft. From2 **1.5** Ft. to **3.5** 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)** **Contaminated Site**
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	20.5		Clayey Silt (ML)			
20.5	TD		End of borehole			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w
 Completed on (mo/day/yr) **03/23/05** And this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **04/15/05**
 under the business name of **Associated Environmental, Inc.** By (signature) **Bradley J. Johnson**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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