

1 LOCATION OF WATER WELL:	Fraction:	Section Number:	Township Number:	Range Number:
County: Barton	NW 1/4 NE 1/4 SE 1/4	5	18	13 West

Distance and direction from the nearest town, or city street address of well, if in city?

2 WATER WELL OWNER: Skolaut's 66 Service, Inc. Address, Box #: 251 W. Second Street City, State, Zip Code: Holisington, KS. 67544	WELL ID: MW6 Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL WITH AN "X" 	<table style="width:100%;"> <tr> <td style="width:50%;">4 DEPTH WELL COMPLETED: <u>27.0</u> ft.</td> <td style="width:50%;">ELEVATION: _____ (TOC)</td> </tr> <tr> <td colspan="2">Depth(s) Groundwater Encountered: <u>21</u></td> </tr> <tr> <td colspan="2">WELL'S STATIC WATER LEVEL: _____ feet below land surface measured on month/day/year <u>3/22/95</u></td> </tr> <tr> <td>Pump test data: all water was _____ feet after _____ hours _____ gpm</td> <td></td> </tr> <tr> <td>Est. Yield _____ Well water was _____ feet after _____ hours _____ gpm</td> <td></td> </tr> <tr> <td>Bore Diam. _____ inches to _____ feet, and _____ hours _____ feet</td> <td></td> </tr> <tr> <td colspan="2">WELL WATER TO BE USED AS:</td> </tr> <tr> <td>5 PWS</td> <td>8 air condition</td> </tr> <tr> <td>1 domestic 3 feedlot 6 oil field</td> <td>11 injection</td> </tr> <tr> <td>2 irrigation 4 industrial 7 lawn/garden</td> <td>9 dewatering</td> </tr> <tr> <td></td> <td>12 other (specify)</td> </tr> <tr> <td colspan="2"><u>10 monitoring well</u></td> </tr> <tr> <td colspan="2">Was a chemical / bacteriological sample submitted Department? <u>yes</u> <u>no X</u></td> </tr> <tr> <td colspan="2">If yes, month/day/year sample was submitted _____ Well Disinfected? <u>yes</u> <u>no X</u></td> </tr> </table>	4 DEPTH WELL COMPLETED: <u>27.0</u> ft.	ELEVATION: _____ (TOC)	Depth(s) Groundwater Encountered: <u>21</u>		WELL'S STATIC WATER LEVEL: _____ feet below land surface measured on month/day/year <u>3/22/95</u>		Pump test data: all water was _____ feet after _____ hours _____ gpm		Est. Yield _____ Well water was _____ feet after _____ hours _____ gpm		Bore Diam. _____ inches to _____ feet, and _____ hours _____ feet		WELL WATER TO BE USED AS:		5 PWS	8 air condition	1 domestic 3 feedlot 6 oil field	11 injection	2 irrigation 4 industrial 7 lawn/garden	9 dewatering		12 other (specify)	<u>10 monitoring well</u>		Was a chemical / bacteriological sample submitted Department? <u>yes</u> <u>no X</u>		If yes, month/day/year sample was submitted _____ Well Disinfected? <u>yes</u> <u>no X</u>	
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5 TYPE OF BLANK CASING: 1 Steel <u>2 PVC</u> 3 RMP (SR) 4 ABS	5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass	8 Concrete tile 9 Other Glued _____ Clamped _____ Welded _____ Threaded <u>X</u>
Blank casing diameter <u>2</u> inches to <u>17.0</u> feet, Diam. _____ inches to _____ feet		
Casing height above land surface <u>0</u> nches, weight _____ lbs./feet Wall thickness or gauge No. <u>40</u>		

TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless steel	5 Fiberglass	7 PVC
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)
			10 Asbestos-cement
			11 Other (specify)

SCREEN OR PERFORATION OPENINGS ARE:			
1 Continuous slot	3 <u>3 MM slot</u>	5 Gauzed wrapped	8 Saw cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes
		7 Torch cut	10 Other (specify)
SCREEN INTERVALS:			
from: <u>17.0</u> feet	to: <u>27.0</u> feet	from: _____ feet	to: _____ feet
from: _____ feet	to: _____ feet	from: _____ feet	to: _____ feet
GR. PACK INTERVALS:			
from: <u>15.0</u> feet	to: <u>27.0</u> feet	from: _____ feet	to: _____ feet
from: _____ feet	to: _____ feet	from: _____ feet	to: _____ feet

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout <u>X</u>
Grout Intervals:	from <u>0</u> feet to <u>13.0</u> feet	from <u>13.0</u> feet to <u>15.0</u> feet
		3 Bentonite <u>X</u>

What is the nearest source of possible contamination:

Septic tank (1) _____	Seepage pit (6) _____	Fuel storage (11) <u>X</u>
Sewer lines (2) _____	Pit privy (7) _____	Fertilizer storage (12) _____
Watertight sewer lines (3) _____	Sewage lagoon (8) _____	Insecticide storage (13) _____
lateral lines (4) _____	Feedyard (9) _____	Abandoned water well (14) _____
Cess pool (5) _____	Livestock pens (10) _____	Oil/Gas well (15) _____
		Other (specify) (16) _____

Direction from well? Northeast How many feet (approximate)? 330

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0'	2.0'	Topsoil (upper 2'), clay, silty, dark brown, low plasticity, moist			
2.0'	7.0'	Clay, silty, light brown, low plasticity, moist			
7.0'	12.0'	Clay, silty, dark brown, low plasticity, moist			
12.0'	17.0'	Clay, silty, light brown, low plasticity, moist			
17.0'	22.0'	Clay, silty, light brown, high plasticity, moist			
		to saturated at 21'			
22.0'	29.0'	Clay, silt, light brown, high plasticity, saturated			
					WELL ID: <u>MW6</u>
					WELL TAG: <u>00138820</u>
					VARIANCE BY: <u>Taylor</u>

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 (mth/day/yr) <u>8/30/95</u>	and this record is true to the best of my knowledge and belief. Kansas Water	
Well Contractor's License Number <u>527</u>	This Water Well Record was completed on (mo/dy/yr) <u>9/19/95</u>	
under the business name: <u>Geocore Services, Inc.</u>	by (signature) <u>[Signature]</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 Depart. of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: (913) 296-5545. Send one to Well Owner and retain one for your records.