

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Barton</u>		<u>SW 1/4 NE 1/4 SE 1/4</u>	<u>29</u>	<u>T 18 S</u>	<u>R 13 E/W</u>
Distance and direction from nearest town or city? <u>5 1/2 of Great Bend</u>			Street address of well if located within city?		
2 WATER WELL OWNER: <u>Kabe Barton Golf Club</u>					
RR#, St. Address, Box #: <u>Box 066</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: <u>Great Bend, Ko. 67530</u>			Application Number:		
3 DEPTH OF COMPLETED WELL: <u>34</u> ft. Bore Hole Diameter: <u>11</u> in. to <u>34</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	
2 Irrigation 4 Industrial		7 Lawn and garden only		10 Observation well	
Well's static water level: <u>15</u> ft. below land surface measured on _____ month <u>19</u> day <u>81</u> year					
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm					
Est. Yield <u>NA</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm					
4 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
② PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing dia <u>5</u> in. to <u>18</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>25.8</u>		Casing Joints: Glued ☒ Clamped _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
Screen or Perforation Openings Are:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				⑧ Saw cut	
				9 Drilled holes	
				10 Other (specify) _____	
Screen-Perforation Dia <u>5</u> in. to <u>34</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Screen-Perforated Intervals: From <u>18</u> ft. to <u>34</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.		Gravel Pack Intervals: From <u>10</u> ft. to <u>34</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.	
5 GROUT MATERIAL: ① Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grouted 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 Cess pool		7 Sewage lagoon	
2 Sewer lines		5 Seepage pit		8 Feed yard	
3 Lateral lines		6 Pit privy		9 Livestock pens	
				10 Fuel storage	
				11 Fertilizer storage	
				12 Insecticide storage	
				13 Watertight sewer lines	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
Direction from well: <u>NE</u> How many feet: <u>1400</u> Water Well Disinfected? Yes <u>HTH</u> No					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes ☒ No					
If Yes: Pump Manufacturer's name: <u>Red Jacket</u> Model No. <u>9BC</u> HP <u>1/2</u> Volts <u>230</u>					
Depth of Pump Intake: <u>25 1/2</u> ft. Pumps Capacity rated at <u>10</u> gal./min.					
Type of pump: ① Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other					
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ① constructed, ② reconstructed, or ③ plugged under my jurisdiction and was completed on _____ month _____ day _____ year					
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 _____ month _____ day _____ year under the business name of <u>Rosenkrantz - Bemis</u> by (signature) <u>Kara Dodson</u>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG	
		0 5 Top soil			
		5 10 Clay w/ rock			
		10 15 Tan clay			
		15 27 Sand rock			
		27 34 Clay			
ELEVATION:					
Depth(s) Groundwater Encountered 1. <u>15</u> ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)					
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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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18

R

13

EW

SEC.

89

SW 1/4

NE 1/4

SE 1/4

SW 1/4