

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Barton	SE ¼ SE ¼ SE ¼	5	T 18 S	R 13 E(W)

80' NW of the Northwest corner of Hwy 281 & Park Ave

3. LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4. DEPTH OF COMPLETED WELL..... 20... ft. ELEVATION:

5 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued Camped
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded
② PVC	4 ABS	7 Fiberglass		Threaded Y

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)
			9 ABS	12 None used (open hole)

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 10 ft. to 20 ft. From ft. to ft.
From ft. to ft. From ft. to ft.
GRAVEL PACK INTERVALS: From 8 ft. to 20 ft. From ft. to ft.
From ft. to ft. From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
Grout Intervals: From 0 ft. to 6 ft., From 6 ft. to 8 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)
			13 Insecticide storage	

Direction from well?	Northwest	How many feet?	110
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[illegible]

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 (mo/day/year) 10-04-94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527. This Water Well Record was completed on (mo/day/yr) 10-24-94 under the business name of GeoCore Services, Inc. by (signature) Dale Holt

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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.