

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																	
County: Barton		NW 1/4 NE 1/4 SW 1/4		32		T 19 S		R 13W E/W																																	
Distance and direction from nearest town or city street address of well if located within city? 1/4 S of XX Great Bend, Kansas																																									
2 WATER WELL OWNER:		John Heinz																																							
RR#, St. Address, Box #		2320 24th																																							
City, State, ZIP Code		Great Bend, Kansas 67530																																							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL		78		ft. ELEVATION:		Unknown																																	
		Depth(s) Groundwater Encountered 1.17 ft. 2. ft. 3. ft.																																							
		WELL'S STATIC WATER LEVEL 17 ft. below land surface measured on mo/day/yr 4/28/97																																							
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm																																							
		Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm																																							
		Bore Hole Diameter 8 in. to 78 ft., and _____ in. to _____ ft.																																							
WELL WATER TO BE USED AS:																																									
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 Monitoring well																																									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was submitted _____																																									
Water Well Disinfected? Yes _____ No _____																																									
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 _____																																									
Blank casing diameter 5 in. to 70 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																																									
Casing height above land surface 12 in., weight 2.8 lbs./ft. Wall thickness or gauge No. Sch. 40																																									
TYPE OF SCREEN OR PERFORATION MATERIAL:																																									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____ 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 70 ft. to 78 ft., From _____ ft. to _____ ft.																																									
GRAVEL PACK INTERVALS: From 22 ft. to 65 ft., From 70 ft. to 78 ft.																																									
6 GROUT MATERIAL:																																									
1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From 0 ft. to 22 ft., From 65 ft. to 70 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 No source																																									
Direction from well? _____ How many feet? _____																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">LITHOLOGIC LOG</th> <th colspan="2">PLUGGING INTERVALS</th> </tr> <tr> <th>FROM</th> <th>TO</th> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>8</td> <td></td> <td></td> </tr> <tr> <td>8</td> <td>21</td> <td></td> <td></td> </tr> <tr> <td>21</td> <td>24</td> <td></td> <td></td> </tr> <tr> <td>24</td> <td>38</td> <td></td> <td></td> </tr> <tr> <td>38</td> <td>68</td> <td></td> <td></td> </tr> <tr> <td>68</td> <td>78</td> <td></td> <td></td> </tr> </tbody> </table>										LITHOLOGIC LOG		PLUGGING INTERVALS		FROM	TO	FROM	TO	0	8			8	21			21	24			24	38			38	68			68	78		
LITHOLOGIC LOG		PLUGGING INTERVALS																																							
FROM	TO	FROM	TO																																						
0	8																																								
8	21																																								
21	24																																								
24	38																																								
38	68																																								
68	78																																								
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) 4/28/97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186 This Water Well Record was completed on (mo/day/yr) 4/29/97 under the business name of Kelly's Water Well Service, Inc. by (signature) Kathryn L. Goad																																									
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.																																									

OFFICE USE ONLY

T

R

E/W

SEC

1/4

1/4

1/4