

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Barton Co</u>	<u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$	<u>15</u>	T <u>19</u> S	R <u>13</u> E <u>(W)</u>

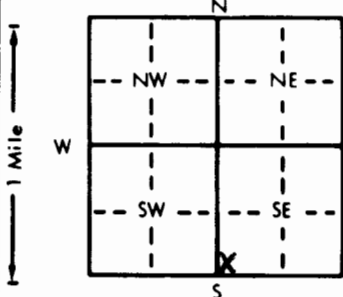
Distance and direction from nearest town or city street address of well if located within city?

2 miles Great Bend

2 WATER WELL OWNER: Great Bend Township
RR#, St. Address, Box # : PO Box 301
City, State, ZIP Code : Great Bend, KS 67530

Board of Agriculture, Division of Water Resources
Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL: 19 ft. ELEVATION:



DEPTH OF COMPLETED WELL.....17..... ft. ELEVATION:.....

Depth(s) Groundwater Encountered 1..... ft. 2..... ft. 3..... ft.

WELL'S STATIC WATER LEVEL.....17..... ft. below land surface measured on mo/day/yr.....3-14-94.....

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.....2..... in. to..... 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	12 Other (Specify below)
2 Irrigation	4 Industrial	7 Lawn and garden only	10 Observation well	

Was a chemical/bacteriological sample submitted to Department? Yes.....No.....X..... If yes, mo/day/yr sample was submitted.....

Water Well Disinfected.....Yes.....No.....

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

Blank casing diameter in. to ft., Dia in. to ft., Dia in. to ft.
Casing height above land surface -6 in., weight lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:			7 PVC	10 Asbestos-cement
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS:		From ft. to ft.,	From ft. to ft.
		From ft. to ft.,	From ft. to ft.
GRAVEL PACK INTERVALS:	From ft. to ft.,	From ft. to ft.	From ft. to 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 ft. to ft., From ft. to 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?				How many feet?			
FROM	TO	INTERMEDIATE LOGS	FROM	TO	INTERMEDIATE LOGS		

[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) 3-14-94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) _____ under the business name of _____ by (signature) Donnie Westberry

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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EW

EC

1/4

 $\frac{1}{4}$

1/4