

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>Barton</u>		$\frac{1}{4}$ $\frac{1}{4}$ SE $\frac{1}{4}$		<u>19</u>		T <u>19</u> S		R <u>13</u> E W	
Distance and direction from nearest town or city street address of well if located within city? <u>Twin lake Division, 5300 Quail Creek. city of Great Bend, Ks.</u>									
2 WATER WELL OWNER:		Roger Marshall							
RR#, St. Address, Box # :		5300 Quail Creek Board of Agriculture, Division of Water Resources							
City, State, ZIP Code :		Great Bend, Ks. 67530 Application Number: 680							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>130</u> ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.							
		WELL'S STATIC WATER LEVEL <u>22</u> ft. below land surface measured on mo/day/yr .. <u>5-29-92</u> ..							
		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							
		Bore Hole Diameter .. <u>10</u> .. in. to <u>130</u> ft., and in. to ft.							
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well							
		<u>1 Domestic</u> 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... <u>X</u>; If yes, mo/day/yr sample was sub-							
		mitted Water Well Disinfected? Yes <u>hth</u> No							
5 TYPE OF BLANK CASING USED:		5 Wrought iron		8 Concrete tile		CASING JOINTS: Glued <u>x</u> Clamped			
1 Steel		3 RMP (SR)		6 Asbestos-Cement		Welded			
<u>2 PVC</u>		4 ABS		7 Fiberglass		Threaded			
Blank casing diameter <u>5</u> in. to <u>110</u> ft., Dia in. to ft., Dia in. to ft.									
Casing height above land surface <u>2</u> ft. in., weight <u>258</u> 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 <u>Saw cut</u>		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 <u>110</u> ft. to <u>130</u> ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>130</u> ft., From ft. to ft.									
6 GROUT MATERIAL:		1 Neat cement		2 Cement grout		3 Bentonite		4 Other <u>hole plug</u>	
Grout Intervals: From <u>0</u> ft. to <u>20</u> 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	
		2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage	
<u>3 Watertight sewer lines</u>		6 Seepage pit		9 Feedyard		12 Fertilizer storage		14 Abandoned water well	
						13 Insecticide storage		15 Oil well/Gas well	
								16 Other (specify below)	
Direction from well? <u>east</u>				How many feet? <u>60</u>					
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS			
0	3	Top soil							
3	11	Caly							
11	35	Sand and gravel coarse							
35	37	Clay							
37	45	Sand and gravel, small clay streak							
45	57½	Clay							
57½	65	Clay							
65	75	Clay							
75	90	Sand and gravel small clay streak							
90	95	Sand and gravel Medium							
95	107	Sand and gravel, small clay streak							
107	123	Sand and gravel							
123	123½	Clay							
123½	126	Sand and gravel							
126	130	Sand and gravel w/ small clay streak							
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) <u>5-29-92</u> 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 (mo/day/yr) .. <u>6-3-92</u>									
under the business name of <u>Rosencrantz-Bemis</u> by (signature) <u>India Jackson</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 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.									

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