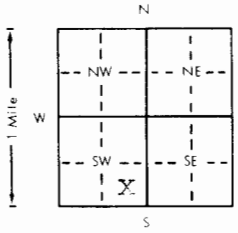


1 LOCATION OF WATER WELL		Fraction	Section Number		Township Number		Range Number	
County: <u>Barton</u>		$\frac{1}{4}$ cse $\frac{1}{4}$ SW $\frac{1}{4}$	<u>1918</u>		T <u>19</u> S		R <u>13</u> W E/W	
Distance and direction from nearest town or city? <u>1/2n Great Bend, Ks.</u>				Street address of well if located within city?				
2 WATER WELL OWNER: <u>Mark Mingenback</u> RR#, St. Address, Box # : <u>5224 Quail Creek</u> City, State, ZIP Code : <u>Great Bend, Ks. 67530</u>				Board of Agriculture, Division of Water Resources Application Number: <u>none</u>				
3 DEPTH OF COMPLETED WELL: <u>64</u> ft. Bore Hole Diameter: <u>8</u> in. to <u>64</u> ft. and _____ in. to _____ ft.								
Well Water to be used as: 1 Domestic 3 Feedlot 6 Other (specify below) 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below) 10 Observation well								
Well's static water level: <u>13</u> ft. below land surface measured on _____ month <u>18</u> day <u>80</u> year								
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>75</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm								
4 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____ 2 PVC 4 ABS 7 Fiberglass _____ Threaded _____				Casing Joints: <u>Glued</u> _____ Clamped _____				
Blank casing dia: <u>5</u> in. to <u>44</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.								
Casing height above land surface: <u>12</u> in., weight <u>2.8</u> lbs./ft. Wall thickness or gauge No. <u>sch 40</u>								
TYPE OF SCREEN OR PERFORATION MATERIAL: 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: 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____				8 Saw cut 11 None (open hole)				
Screen-Perforation Dia: <u>5</u> in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.								
Screen-Perforated Intervals: From <u>44</u> ft. to <u>64</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.								
Gravel Pack Intervals: From <u>14</u> ft. to <u>64</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>4</u> ft. to <u>14</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 or 10 Fuel storage 14 Abandoned water well 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) _____								
Direction from well: <u>S</u> How many feet: <u>100</u> ? Water Well Disinfected? <u>Yes</u> No								
Was a chemical/bacteriological sample submitted to Department? <u>Yes</u> No If yes, date sample was submitted _____ month _____ day _____ year Pump Installed? <u>Yes</u> No								
If Yes: Pump Manufacturer's name: _____ Model No. _____ HP _____ Volts _____								
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ 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) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month <u>18</u> day <u>80</u> year								
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>186</u>								
This Water Well Record was completed on _____ month <u>25</u> day <u>80</u> year under the business name of <u>Kellys Waterwell Serv.</u> by (signature) <u>Kelly Price</u>								
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
		0	12	Top Soil-Clay				
		12	22	Sand-Gravel				
		22	40	Clay				
		40	64	Sand-Gravel				
ELEVATION: <u>unknown</u>								
Depth(s) Groundwater Encountered 1. <u>13</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

T

19

R

13

EW

SEC.

19

C 1/4 SE 1/4 SW 1/4