

|                                                                                                                                                                                                                                                                                      |    |                                                                         |                                                |                                                                                           |                 |                                |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------|--------------------------------|----------------|
| 1 LOCATION OF WATER WELL                                                                                                                                                                                                                                                             |    | Fraction                                                                | Section Number                                 | Township Number                                                                           | Range Number    |                                |                |
| County: <u>Barton</u>                                                                                                                                                                                                                                                                |    | <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ | <u>24</u>                                      | T <u>19</u> S                                                                             | R <u>13</u> E/W |                                |                |
| Distance and direction from nearest town or city? <u>3 E of 24th &amp; Main in Great Bend</u>                                                                                                                                                                                        |    |                                                                         | Street address of well if located within city? |                                                                                           |                 |                                |                |
| 2 WATER WELL OWNER: <u>Jack Cole</u>                                                                                                                                                                                                                                                 |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| RR#, St. Address, Box #: <u>RL 3</u>                                                                                                                                                                                                                                                 |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| City, State, ZIP Code: <u>Great Bend, Ks 67530</u>                                                                                                                                                                                                                                   |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                             |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| 3 DEPTH OF COMPLETED WELL: <u>60</u> ft. Bore Hole Diameter: <u>9</u> in. to <u>60</u> ft. and _____ in. to _____ ft.                                                                                                                                                                |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| Well Water to be used as:                                                                                                                                                                                                                                                            |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| <input checked="" type="checkbox"/> Domestic                                                                                                                                                                                                                                         |    | <input type="checkbox"/> 3 Feedlot                                      |                                                | <input type="checkbox"/> 8 Air conditioning                                               |                 |                                |                |
| <input type="checkbox"/> 2 Irrigation                                                                                                                                                                                                                                                |    | <input type="checkbox"/> 4 Industrial                                   |                                                | <input type="checkbox"/> 11 Injection well                                                |                 |                                |                |
| <input type="checkbox"/> 5 Public water supply                                                                                                                                                                                                                                       |    | <input type="checkbox"/> 6 Oil field water supply                       |                                                | <input type="checkbox"/> 9 Dewatering                                                     |                 |                                |                |
| <input type="checkbox"/> 7 Lawn and garden only                                                                                                                                                                                                                                      |    | <input type="checkbox"/> 10 Observation well                            |                                                | <input type="checkbox"/> 12 Other (Specify below)                                         |                 |                                |                |
| Well's static water level: <u>18 1/2</u> ft. below land surface measured on <u>7</u> month <u>7</u> day <u>80</u> year                                                                                                                                                               |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| 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                                                                                                                                                                                              |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| 4 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                         |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| <input type="checkbox"/> 1 Steel                                                                                                                                                                                                                                                     |    | <input type="checkbox"/> 3 RMP (SR)                                     |                                                | <input type="checkbox"/> 8 Concrete tile                                                  |                 |                                |                |
| <input checked="" type="checkbox"/> 2 PVC                                                                                                                                                                                                                                            |    | <input type="checkbox"/> 4 ABS                                          |                                                | <input type="checkbox"/> 9 Other (specify below)                                          |                 |                                |                |
| <input type="checkbox"/> 5 Wrought iron                                                                                                                                                                                                                                              |    | <input type="checkbox"/> 6 Asbestos-Cement                              |                                                | <input type="checkbox"/> Casing Joints: Glued <input checked="" type="checkbox"/> Clamped |                 |                                |                |
| <input type="checkbox"/> 7 Fiberglass                                                                                                                                                                                                                                                |    | <input type="checkbox"/> 8 RMP (SR)                                     |                                                | <input type="checkbox"/> Welded                                                           |                 |                                |                |
| <input type="checkbox"/> 9 Other (specify below)                                                                                                                                                                                                                                     |    | <input type="checkbox"/> 10 Asbestos-cement                             |                                                | <input type="checkbox"/> Threaded                                                         |                 |                                |                |
| Blank casing dia: <u>5</u> in. to <u>40</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.                                                                                                                                                                              |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| Casing height above land surface: <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>258</u>                                                                                                                                                                        |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                              |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| <input type="checkbox"/> 1 Steel                                                                                                                                                                                                                                                     |    | <input type="checkbox"/> 3 Stainless steel                              |                                                | <input checked="" type="checkbox"/> 7 PVC                                                 |                 |                                |                |
| <input type="checkbox"/> 2 Brass                                                                                                                                                                                                                                                     |    | <input type="checkbox"/> 4 Galvanized steel                             |                                                | <input type="checkbox"/> 8 RMP (SR)                                                       |                 |                                |                |
| <input type="checkbox"/> 5 Fiberglass                                                                                                                                                                                                                                                |    | <input type="checkbox"/> 6 Concrete tile                                |                                                | <input type="checkbox"/> 9 ABS                                                            |                 |                                |                |
| <input type="checkbox"/> 10 Asbestos-cement                                                                                                                                                                                                                                          |    | <input type="checkbox"/> 11 Other (specify)                             |                                                | <input type="checkbox"/> 12 None used (open hole)                                         |                 |                                |                |
| Screen or Perforation Openings Are:                                                                                                                                                                                                                                                  |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| <input type="checkbox"/> 1 Continuous slot                                                                                                                                                                                                                                           |    | <input type="checkbox"/> 3 Mill slot                                    |                                                | <input checked="" type="checkbox"/> 5 Gauzed wrapped                                      |                 |                                |                |
| <input type="checkbox"/> 2 Louvered shutter                                                                                                                                                                                                                                          |    | <input type="checkbox"/> 4 Key punched                                  |                                                | <input type="checkbox"/> 6 Wire wrapped                                                   |                 |                                |                |
| <input type="checkbox"/> 7 Torch cut                                                                                                                                                                                                                                                 |    | <input type="checkbox"/> 8 Saw cut                                      |                                                | <input type="checkbox"/> 11 None (open hole)                                              |                 |                                |                |
| <input type="checkbox"/> 9 Drilled holes                                                                                                                                                                                                                                             |    | <input type="checkbox"/> 10 Other (specify)                             |                                                |                                                                                           |                 |                                |                |
| Screen-Perforation Dia: <u>5</u> in. to <u>60</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.                                                                                                                                                                        |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| Screen-Perforated Intervals: From <u>40</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                           |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| Gravel Pack Intervals: From <u>10</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                 |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| 5 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other                                                                                                      |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| Grouted Intervals: From <u>0</u> ft. to <u>10</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                      |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| <input checked="" type="checkbox"/> 1 Septic tank                                                                                                                                                                                                                                    |    | <input type="checkbox"/> 4 Cess pool                                    |                                                | <input type="checkbox"/> 7 Sewage lagoon                                                  |                 |                                |                |
| <input type="checkbox"/> 2 Sewer lines                                                                                                                                                                                                                                               |    | <input type="checkbox"/> 5 Seepage pit                                  |                                                | <input type="checkbox"/> 8 Feed yard                                                      |                 |                                |                |
| <input type="checkbox"/> 3 Lateral lines                                                                                                                                                                                                                                             |    | <input type="checkbox"/> 6 Pit privy                                    |                                                | <input type="checkbox"/> 9 Livestock pens                                                 |                 |                                |                |
| <input type="checkbox"/> 10 Fuel storage                                                                                                                                                                                                                                             |    | <input type="checkbox"/> 14 Abandoned water well                        |                                                | <input type="checkbox"/> 11 Fertilizer storage                                            |                 |                                |                |
| <input type="checkbox"/> 15 Oil well/Gas well                                                                                                                                                                                                                                        |    | <input type="checkbox"/> 12 Insecticide storage                         |                                                | <input type="checkbox"/> 16 Other (specify below)                                         |                 |                                |                |
| <input type="checkbox"/> 13 Watertight sewer lines                                                                                                                                                                                                                                   |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| Direction from well: <u>E</u> How many feet: <u>100</u> ? Water Well Disinfected? Yes <u>NTM</u> No                                                                                                                                                                                  |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, date sample was submitted: <u>7</u> month <u>7</u> day <u>80</u> year                                                                     |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| If Yes: Pump Manufacturer's name: <u>Red Jacket</u> Model No. <u>75N1-6CC</u> HP <u>1/4</u> Volts <u>230</u>                                                                                                                                                                         |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| Depth of Pump Intake: <u>42</u> ft. Pumps Capacity rated at <u>18</u> gal./min.                                                                                                                                                                                                      |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| Type of pump: <input checked="" type="checkbox"/> 1 Submersible <input type="checkbox"/> 2 Turbine <input type="checkbox"/> 3 Jet <input type="checkbox"/> 4 Centrifugal <input type="checkbox"/> 5 Reciprocating <input type="checkbox"/> 6 Other                                   |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| 6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on <u>7</u> month <u>28</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>134</u>                                                                                                                                                                |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| This Water Well Record was completed on <u>7</u> month <u>31</u> day <u>80</u> year under the business name of <u>Rosenkrantz - Bemis</u> by (signature) <u>Kora Dodson</u>                                                                                                          |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| 7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                 |    | FROM                                                                    | TO                                             | LITHOLOGIC LOG                                                                            | FROM            | TO                             | LITHOLOGIC LOG |
|                                                                                                                                                                                                                                                                                      |    | 0                                                                       | 5                                              | Top soil                                                                                  |                 |                                |                |
|                                                                                                                                                                                                                                                                                      |    | 5                                                                       | 8                                              | Brown & grey clay                                                                         |                 |                                |                |
|                                                                                                                                                                                                                                                                                      |    | 8                                                                       | 12                                             | Brown clay mixed w/ sand & gravel                                                         |                 |                                |                |
|                                                                                                                                                                                                                                                                                      |    | 12                                                                      | 41                                             | Sand & gravel                                                                             |                 |                                |                |
|                                                                                                                                                                                                                                                                                      |    | 41                                                                      | 42                                             | Brown clay                                                                                |                 |                                |                |
|                                                                                                                                                                                                                                                                                      |    | 42                                                                      | 59                                             | Sand & gravel                                                                             |                 |                                |                |
| 59                                                                                                                                                                                                                                                                                   | 65 | Sand & grey clay                                                        |                                                |                                                                                           |                 |                                |                |
| ELEVATION:                                                                                                                                                                                                                                                                           |    |                                                                         |                                                |                                                                                           |                 |                                |                |
| Depth(s) Groundwater Encountered <u>1.18 1/2</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.