

1 LOCATION OF WATER WELL:		Fraction <u>SE 1/4 SE 1/4 NW 1/4</u>		Section Number <u>28</u>	Township Number <u>T 19 S</u>	Range Number <u>R 13 EW</u>
County: <u>Barton</u>						
Distance and direction from nearest town or city street address of well if located within city? <u>Great Bend</u> <u>5W corner 19th St and Main</u>						
2 WATER WELL OWNER: <u>Kansas Dept Health & Environment</u>						
RR#, St. Address, Box #: _____ Board of Agriculture, Division of Water Resources						
City, State, ZIP Code: _____ Application Number: _____						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>18</u> ft. ELEVATION: _____				
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.				
		WELL'S STATIC WATER LEVEL <u>11</u> ft. below land surface measured on mo/day/yr _____				
		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 <u>9</u> in. to <u>18</u> 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 <u>10</u> Observation well				
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____						
Water Well Disinfected? Yes _____ No <u>X</u>						
5 TYPE OF BLANK CASING USED:						
1 Steel		3 RMP (SR)		5 Wrought iron		8 Concrete tile
<u>2</u> PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)
				7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____
						Welded _____
						Threaded <u>X</u>
Blank casing diameter <u>2</u> in. to <u>8</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface <u>0</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel		3 Stainless steel		5 Fiberglass		<u>7</u> PVC
2 Brass		4 Galvanized steel		6 Concrete tile		8 RMP (SR)
						9 ABS
						10 Asbestos-cement
						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
2 Louvered shutter		4 Key punched		6 Wire wrapped		9 Drilled holes
				7 Torch cut		10 Other (specify) _____
						11 None (open hole)
SCREEN-PERFORATED INTERVALS: From <u>18</u> ft. to <u>8</u> ft., From _____ ft. to _____ ft.						
From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <u>18</u> ft. to <u>18</u> ft., From _____ ft. to _____ ft.						
From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement <u>2</u> Cement grout <u>3</u> Bentonite 4 Other _____						
Grout Intervals: From <u>0</u> ft. to <u>8</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		<u>11</u> Fuel storage
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage
						13 Insecticide storage
						14 Abandoned water well
						15 Oil well/Gas well
						16 Other (specify below)
Direction from well? <u>North</u> How many feet? <u>50</u>						
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
0	1	Chat fill				
1	3	Fine and medium sand				
3	5	Faint odor - black clay				
5	6	Fine sand				
6	7	Brown-black clay				
7	11	Sand and gravel				
11	16	Wet sand and gravel (no fuel smell)				
16	18	Clayey sand and gravel				
Great Bend #3 - flush mounted with ground						
N. Dillons parking lot - west of concrete pad						

OFFICE USE ONLY

T

R

EW

SEC

1/4

1/4

1/4

1/4

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) 8-25-88 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) 8-25-88 under the business name of KDHE by (signature) Michael R. Larsen

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.