

1 LOCATION OF WATER WELL: County: Barton		Fraction NW $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 28	Township Number 19 T S R	Range Number 13 E W																																				
Distance and direction from nearest town or city street address of well if located within city? NE Corner of 19th Street & Main Street																																									
2 WATER WELL OWNER: Mr. Joey Zimmerman - Mr. R's 11		Board of Agriculture, Division of Water Resources																																							
RR#, St. Address, Box # : 1906 Main		Application Number:																																							
City, State, ZIP Code : Great Bend, Ks. 67530																																									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL: 13 ft. ELEVATION: Depth(s) Groundwater Encountered 1. 9 ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL 4.94 ft. below land surface measured on mo/day/yr 05-06-94 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 7 5/8 in. to 15 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 Monitoring 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 X																																							
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded Blank casing diameter 2 in. to 3 ft., Dia. in. to ft., Dia. in. to ft. Casing height above land surface 0 in., weight lbs./ft. Wall thickness or gauge No. sch. 40 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 3 ft. to 13 ft., From ft. to ft. GRAVEL PACK INTERVALS: From 2 ft. to 13 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 0 ft. to 1 ft., From 1 ft. to 2 ft., From ft. to ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) Direction from well? northeast How many feet? 80																																									
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>2"</td><td>limestone grvl</td><td></td><td></td><td></td></tr><tr><td>2"</td><td>6'</td><td>clay, med-v dk brn, mod slty, v plst, sl f-c snd, tr of grvl</td><td></td><td></td><td></td></tr><tr><td>6</td><td>9</td><td>clay, med-dk gry w/mod iron stains, mod slty, mod plstc, moist</td><td></td><td></td><td></td></tr><tr><td>9</td><td>15</td><td>snd, v f-c grn, sl f-c grvl, prly srted, rnd-subang</td><td></td><td></td><td></td></tr><tr><td colspan="6" style="text-align: right;">MW5-flush mount cover</td></tr></tbody></table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	2"	limestone grvl				2"	6'	clay, med-v dk brn, mod slty, v plst, sl f-c snd, tr of grvl				6	9	clay, med-dk gry w/mod iron stains, mod slty, mod plstc, moist				9	15	snd, v f-c grn, sl f-c grvl, prly srted, rnd-subang				MW5-flush mount cover					
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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) 05-02-94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 05-11-94 under the business name of GebCore Services, Inc. by (signature) <i>Dale Holt</i>																																									
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.																																									