

MW-6

WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Barton</u>		<u>SW 1/4 SW 1/4 SE 1/4</u>	<u>29</u>	<u>T 19 S</u>	<u>R 13 E</u>

Distance and direction from nearest town or city street address of well if located within city?
West of 3209 W. 10th Street (In front of Highland Motel) Great Bend

2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # : City, State, ZIP Code : <u>Ms. Donna Schmidt</u> <u>916 Williams</u> <u>Great Bend KS 67530</u>		Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>18.0</u> ft. ELEVATION: <u>NA</u>
		Depth(s) Groundwater Encountered 1. <u>13.5</u> ft. 2. _____ ft. 3. _____ ft.
		WELL'S STATIC WATER LEVEL <u>12.5</u> ft. below land surface measured on mo/day/yr <u>11-22-92</u>
		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>8</u> in. to _____ ft., and _____ in. to _____ ft.		
WELL WATER TO BE USED AS:		
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well		
2 Irrigation 4 Industrial 7 Lawn and garden only <u>10 Monitoring well</u> 12 Other (Specify below)		
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____		Water Well Disinfected? Yes _____ No <u>X</u>

5 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel 3 RMP (SR)		6 Asbestos-Cement	9 Other (specify below)	Welded _____
<u>2 PVC</u> 4 ABS		7 Fiberglass		<u>Threaded</u> <u>Flush</u>
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				
Casing height above land surface <u>Flush</u> in., weight <u>.703</u> lbs./ft. Wall thickness or gauge No. <u>.154</u>				
TYPE OF SCREEN OR PERFORATION MATERIAL:		<u>7 PVC</u>	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 <u>3 Mill slot</u> 6 Wire wrapped		9 Drilled holes		
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____				
SCREEN-PERFORATED INTERVALS:		From <u>8.0</u> ft. to <u>18.0</u> ft.	From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From <u>7.0</u> ft. to <u>18.0</u> ft.	From _____ ft. to _____ ft.	

6 GROUT MATERIAL:		1 Neat cement	2 Cement grout	<u>3 Bentonite</u>	4 Other _____
Grout Intervals: From <u>7.0</u> ft. to <u>1.0</u> ft.					
What is the nearest source of possible contamination:		10 Livestock pens	14 Abandoned water well		
1 Septic tank 4 Lateral lines 7 Pit privy <u>11 Fuel storage</u> 15 Oil well/Gas well					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage					
Direction from well? <u>North</u>		How many feet? <u>150</u>			

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0.0</u>	<u>2.5</u>	<u>Sandy silt</u>			
<u>2.5</u>	<u>7.5</u>	<u>Sandy silt w/ sand seams</u>			
<u>7.5</u>	<u>9.5</u>	<u>Silty silt clay</u>			
<u>9.5</u>	<u>12.0</u>	<u>Sand, poorly sorted, gravel</u>			
<u>12.0</u>	<u>14.0</u>	<u>Silty sand</u>			
<u>14.0</u>	<u>18.0</u>	<u>Sand, poorly graded, gravel</u>			
Flush Mount waiver granted on 10-22-92 for KDHE No. 06005367, welcome TNS. by Don Taylor					

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>11-21-92</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>531</u> This Water Well Record was completed on (mo/day/yr) <u>11-25-92</u> under the business name of <u>GSI</u> by (signature) <u>Allison Irwin</u>	
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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.