

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: Barton		SW 1/4 SW 1/4 NW 1/4	29	T 19 S	R 13W E/W
Distance and direction from nearest town or city? Great Bend, Kansas			Street address of well if located within city? 3708 21st		

2 WATER WELL OWNER:		Francis Zink		Board of Agriculture, Division of Water Resources	
RR#, St. Address, Box #:		3708 21st		Application Number: None	
City, State, ZIP Code:		Great Bend, Kansas 67530			

3 DEPTH OF COMPLETED WELL: 60 ft. Bore Hole Diameter: 8 in. to 60 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 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 10 Observation well
Well's static water level: 19 ft. below land surface measured on August month 8 day 1980 year	
Pump Test Data	Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield 60 gpm:	Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:		5 Wrought iron		8 Concrete tile		Casing Joints: <u>Glued</u> _____ Clamped _____	
1 Steel 3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below)		Welded _____	
2 PVC 4 ABS		7 Fiberglass				Threaded _____	
Blank casing dia 5 in. to 40 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Casing height above land surface: 12 in., weight 2.8 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-Perforation Dia 5 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Screen-Perforated Intervals:		From 40 ft. to 60 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
Gravel Pack Intervals:		From 10 ft. to 60 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 0 ft. to 10 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		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 West How many feet 50 ? Water Well Disinfected? Yes _____ No _____									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample was submitted _____ month _____ day _____ year Pump Installed? Yes _____ 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) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on August month 8 day 1980 year 186					
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 August month 25 day 1980 year under the business name of Kellys Water Well Service by (signature) <i>Kelly Price</i>					

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	14	Clay			
	14	30	Gravel			
	30	40	Clay			
	40	60	Gravel			

1 Mile

ELEVATION: **Unknown**

Depth(s) Groundwater Encountered	1. 19 ft.	2. _____ ft.	3. _____ ft.	4. _____ ft.	(Use a second sheet if needed)
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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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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EW

SEC.

SW 1/4 SW 1/4 NW 1/4