

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Barton</u>		<u>SW</u> 1/4 <u>NW</u> 1/4 <u>SE</u> 1/4	<u>31</u>	T <u>19</u> S	R <u>13</u> E W
Distance and direction from nearest town or city street address of well if located within city? <u>1/4 south of Great Bend, Ks.</u>					
2 WATER WELL OWNER:					
RR#, St. Address, Box # :		Art Harren Rt. 1-Box 49		Board of Agriculture, Division of Water Resources	
City, State, ZIP Code :		Great Bend, Ks. 67530		Application Number: 504	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>120</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>20</u> ft. below land surface measured on mo/day/yr <u>12-31-90</u>			
		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			
		Bore Hole Diameter <u>10</u> in. to <u>120</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 10 Monitoring well			
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 <u>hth</u> No					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <u>5</u> in. to <u>100</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		Casing height above land surface <u>12</u> in., weight <u>258</u> lbs./ft. Wall thickness or gauge No. _____		CASING JOINTS: Glued <u>x</u> Clamped _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC		10 Asbestos-cement	
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut	
1 Continuous slot		3 Mill slot		6 Wire wrapped	
2 Louvered shutter		4 Key punched		7 Torch cut	
SCREEN-PERFORATED INTERVALS:		From <u>100</u> ft. to <u>120</u> ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From <u>20</u> ft. to <u>85</u> ft.		From <u>95</u> ft. to <u>120</u> ft.	
6 GROUT MATERIAL:		1 Neat cement		2 Cement grout	
Grout Intervals: From <u>3</u> ft. to <u>20</u> ft.		3 Bentonite		4 Other <u>hole plug 90 to 95 85</u>	
What is the nearest source of possible contamination:		10 Livestock pens		14 Abandoned water well	
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
Direction from well? <u>east</u>		How many feet? <u>200</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top soil			
3	30	Sand and gravel			
30	40	Clay with sand and gravel			
40	55	Clay with little sand and gravel			
55	90	Sand and gravel with clay			
90	95	Clay			
95	120	Sand and gravel with little clay			
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) <u>1-2-91</u> 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 (mo/day/yr) <u>1-14-91</u> under the business name of <u>Rosencrantz-Bemis</u> by (signature) <u>Griffin Rodson</u>					
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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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