

NAME OF WATER WELL: Barton	Fraction NE 1/4 NE 1/4 NW 1/4	Section Number 33	Township Number T 12 S	Range Number R 13 E
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Distance and direction from nearest town or city street address of well if located within city?

10th & Williams, Great Bend, KS

2 WATER WELL OWNER: **Zip's Fina Service**
 RR# St. Address, Box #: **10th & Williams**
 City, State, ZIP Code: **Great Bend, KS 67530**

Board of Agriculture, Division of Water Resources

Application Number: **N/A**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: 32 ft. ELEVATION: unknown
	Depth(s) Groundwater Encountered 1. 7 ft. 2. _____ ft. 3. _____ ft.
	WELL'S STATIC WATER LEVEL 7 ft. below land surface measured on mo/day/yr 7/19/87
	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 24 in. to 32 in. and _____ in. to _____ in.
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 <u>Dewatering</u> 12 Other (Specify below)	
2 Irrigation 4 Industrial 7 Lawn and garden only 10 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 _____

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 _____	
2 PVC 4 ABS 7 Fiberglass _____ Threaded _____	
Blank casing diameter 16 in. to 11 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	
Casing height above land surface 12 in., weight _____ lbs./ft. Wall thickness or gauge No. _____	
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) Doerr Bridge Slot	
SCREEN-PERFORATED INTERVALS: From 11 ft. to 31 ft., From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.	

6 GROUT MATERIAL:	1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
Grout intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ 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 11 Fuel storage 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? _____	How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	8	Topsoil & brown/clay			
8	27	Sand & gravel			
27	32	Clay - tan			

NOTE: This location is at an existing filling station facility. The owner was installing new gasoline and diesel tanks. City regulations required that the bottom of tanks be approximately 9 ft. below existing grade. The static water level was measured in a test hole at 7 feet. A temporary 16" casing & well screen was installed on 7/19/87 and utilized for dewatering the area while tanks were being installed at proper depth, filled with fuel and secured to prevent tank flotation. Pumping was completed on 7/22/87. The casing was pulled out on 7/22/87. The natural formation fell in the hole as casing was removed. Two sacks of cement were placed at cave-in location, and hole filled to static water level with natural formation material. (Sand & gravel) from static water level to surface is compacted fill sand covered with concrete. The well has been effectively plugged and abandoned to prevent any entrance of contaminants to the groundwater that did not exist prior to the installation of the temporary de-watering well. Bartell W. Clarke

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) **7/22/87** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **105** This Water Well Record was completed on (mo/day/yr) **7/28/87** under the business name of **Clarke Well & Equipment, Inc.** by (signature) _____

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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.