WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

1 LOCATION OF WATER WELL: County: BARTON | Fraction: SE ¼ SE ¼ NW ¼ | Section Number: 33 | Township Number: T 19S S | Range Number: 13R W E/W

Distance and direction from nearest town or city street address of well if located within city?
1001 N. Main Great Bend KS

2 WATER WELL OWNER: Steve's Standard.
RR#, St. Address, Box # : 1001 N. Main
City, State, ZIP Code : Great Bend KS

Board of Agriculture, Division of Water Resources
Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N
NW NE
W X E
SW SE
S

4 DEPTH OF COMPLETED WELL 15 ft. ELEVATION:
Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft.
WELL'S STATIC WATER LEVEL N/A ft. below land surface measured on mo/day/yr .....
Pump test data: Well water was NA ft. after ..... hours pumping ..... gpm
Est. Yield ..... gpm: Well water was NA ft. after ..... hours pumping ..... gpm
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 Domestic (lawn & garden) X Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes ..... No X ; If yes, mo/day/yrs sample was submitted
Water Well Disinfected? Yes No X

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 .....
X PVC 4 ABS 7 Fiberglass Threaded ✓
Blank casing diameter 2" in. to 5 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface -2" in., weight Se-40 lbs./ft. Wall thickness or guage No. SCH 40
TYPE OF SCREEN OR PERFORATION MATERIAL: X 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 Guazed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot X Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .10 slot ft.
SCREEN-PERFORATED INTERVALS: From 15'2" ft. to 5' ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 15.2 ft. to 3' ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout X Bentonite 4 Other .....
Grout Intervals: From 3 ft. to Surface 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 X Fuel storage 15 Oil well/Gas well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
X Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage .....
Direction from well? West How many feet? 20ft

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2'	Cement & Topsoil			
2	5	Clay			
5	10	Sand Fine			
10	15	Gray Contaminated Sand.			

RECEIVED
AUG 1 8 2004
BUREAU OF WATER

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) 7/28/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 1615 This Water Well Record was completed on (mo/day/yr) 7-28-04 under the business name of Pratt Well Environmental by (signature) [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, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.