

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																											
	County: <u>Barton</u>	<u>NW 1/4 NE 1/4 NW 1/4</u>	<u>33</u>	<u>19 S</u>	<u>13</u> E(W)																											
Distance and direction from nearest town or city street address of well if located within city? <u>2210 10th St., Great Bend</u>																																
2	WATER WELL OWNER: <u>El Paso Corporation</u>																															
	RR #, St. Address, Box #: <u>2 N. Nevada Ave.</u>		Board of Agriculture, Division of Water Resources																													
	City, State, ZIP Code: <u>Colorado Springs, CO 80903</u>		Application Number:																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td colspan="2" style="text-align: center;">N</td></tr> <tr><td style="text-align: center;">X</td><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr> <tr><td colspan="2" style="text-align: center;">S</td></tr> </table>		N		X		NW	NE	SW	SE	S		4	DEPTH OF WELL <u>15</u> ft.																		
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			WELL'S STATIC WATER LEVEL <u>9.86</u> ft.																													
			WELL WAS USED AS:																													
			<table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>			1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other															
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			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:																															
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	Blank casing diameter <u>2</u> in. Was casing pulled? Yes ☒ No If yes, how much <u>15'</u>																															
	Casing height above or below land surface <u>n/a</u> in.																															
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>Concrete</u>																															
	Grout Plug Intervals: From <u>0</u> ft. to <u>0.5</u> ft., From <u>0.5</u> ft. to <u>15</u> ft., From to ft.																															
	What is the nearest source of possible contamination:																															
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<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>0.5</u></td> <td><u>Concrete</u></td> </tr> <tr> <td><u>0.5</u></td> <td><u>15</u></td> <td><u>Bentonite (8")</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	<u>0</u>	<u>0.5</u>	<u>Concrete</u>	<u>0.5</u>	<u>15</u>	<u>Bentonite (8")</u>																		
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<u>MW 4</u> <u>Geo Core #1210</u>																																
7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>2/8/2005</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> This Water Well Record was completed on (mo/day/year) under the business name of <u>GeoCore Inc.</u>																															
	by (signature) <u>Rab. Lef</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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.