

[1] LOCATION OF WATER WELL:		Fraction	Township Number	Range Number	
County: Barton	SW ¼ SE ¼ NW ¼	Section Number 33	T 19 S	R 13 E W	
Distance and direction from nearest town or city street address of well if located within city? 2302 Railroad Ave., Great Bend					
[2] WATER WELL OWNER: Moeder Oil Co.					
RR#, St. Address, Box # : 2302 Railroad Ave.		Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : Great Bend, KS 67530		Application Number:			
[3] LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		[4] DEPTH OF COMPLETED WELL 25 . . . ft. ELEVATION:			
N --NW-- --NE-- X --SW-- --SE-- S W E		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was . . NA . . ft. after . . . hours pumping . . gm			
		Est. Yield . NA . gpm; Well water was . . ft. after . . hours pumping . . gm			
		Bore Hole Diameter . . 8 . in. to . 25 . 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 Air sparge			
		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:					
1 Steel 3 RMP (SR)		5 Wrought iron 8 Concrete tile CASKING JOINTS: Glued . . . Clamped . . .			
(2) PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below) Welded			
Blank casing diameter . . . 2 . in. to . 23 . ft. Dia . . . in. to . . ft. Dia . . . in. to . . ft.		7 Fiberglass Threaded. ✓			
Casing height above land surface . . . 0 . in.; weight . . . lbs./ft. Wall thickness or gauge No. . Sch. 40 .					
TYPE OF SCREEN OR PERFORATION MATERIAL					
1 Steel 3 Stainless steel 5 Fiberglass		(7) PVC 10 Asbestos-cement			
2 Brass 4 Galvanized steel 6 Concrete tile		8 RMP (SR) 11 Other (specify)			
		9 ABS 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot (3) Mill slot		5 Gauzed wrapped 8 Saw cut 11 None (open hole)			
2 Louvered shutter 4 Key punched		6 Wire wrapped 9 Drilled holes			
		7 Torch cut 10 Other (specify)			
SCREEN-PERFORATED INTERVALS: From . . . 23 . ft. to . 25 . ft. From . . . ft. to . . ft. From . . . ft. to . . ft.					
GRAVEL PACK INTERVALS: From . . . 20 . ft. to . 25 . ft. From . . . ft. to . . ft. From . . . ft. to . . ft.					
[6] GROUT MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite 4 Other					
Grout Intervals: From . . . 1 . ft. to . 20 . ft. From . . . ft. to . . ft. From . . . ft. to . . ft.					
What is the nearest source of possible contamination:					
1 Septic tank 4 Lateral lines 7 Pit privy		(11) Fuel storage 14 Abandoned water well			
2 Sewer lines 5 Cess pool 8 Sewage lagoon		15 Oil well/Gas well			
3 Watertight sewer lines 6 Seepage pit 9 Feedyard		12 Fertilizer storage 16 Other (specify below)			
		13 Insecticide storage			
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2.5	Sand, gravel, clay, rock and brick debris,			
2.5	4	Clay, v. sandy, silty, moist, Dark Gray			
4	6	Sand (vf-m), moist, no odor, Gray			
6	9.5	Sand (vf-m), subrounded to subangular, Brow			
9.5	15	Sand (vf-c), subangular, saturated @ 12', Gra			
15	19	Sand (vf-c), gravel (f), subrounded, saturated,			
19	25	Sand (f-c), gravel (f-m), saturated, Brown			
					AS4 , Flushmount
					Project Name: GF - Moeder Oil
					GeoCore # 1193 , KDHE # A6 005 40224
[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) . . . 3/15/2005 . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . 527 . . . This Water Well Record was completed on (mo/day/yr) . . 3/17/05 . under the business name of GeoCore, Inc. by (signature) Dale Bell					
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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					