

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County: <u>Barton</u>		<u>NW 1/4 SE 1/4 NW 1/4</u>	<u>33</u>		<u>19</u>		<u>13</u>	<u>EW</u>

Distance and direction from nearest town or city street address of well if located within city?

525 Morton St., Great Bend, KS

2	WATER WELL OWNER: <u>City of Great Bend</u> <u>1209 Williams</u> RR #, St. Address, Box #: <u>Great Bend, KS 67530</u> City, State, ZIP Code :		Board of Agriculture, Division of Water Resources Application Number: _____
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>16</u> ft. WELL'S STATIC WATER LEVEL <u>9.26</u> ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering ☒ 10 Monitoring Well 11 Injection Well 12 Other _____
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Was a chemical / bacteriological sample submitted to Department? Yes _____ No X _____
If yes, mo/day/yr sample was submitted _____

Water Well Disinfected: Yes _____ No X _____

5	TYPE OF BLANK CASING USED:	
1 Steel ☒ 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) _____		
Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No _____ If yes, how much <u>All</u>		
Casing height above or below land surface _____ in.		

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ☒ 3 Bentonite 4 Other _____	
Grout Plug Intervals: From <u>16</u> ft. to <u>1</u> ft., From _____ ft. to _____ ft., From _____ to _____ ft.		
What is the nearest source of possible contamination:		
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well ☒ 16 Other (specify below) <u>Gasoline AST's</u>		
Direction from well? <u>West</u> How many feet? <u>100</u>		

FROM	TO	PLUGGING MATERIALS
16	1	3/8 Bentonite chips
1	0	Cement

MW-9

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>12-23-05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>665</u> This Water Well Record was completed on (mo/day/year) <u>1-2-06</u> under the business name of <u>Pratt Well Environmental</u> by (signature) <u>[Signature]</u>	
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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.