GSI JOB #2011044 **MW-1R**

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. 00379904

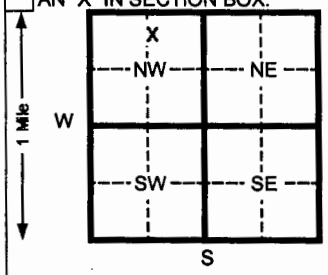
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Barton	NW ¼ NE ¼ NW ¼	16	T 19 S	R 13 W

Distance and direction from nearest town or city street address of well if located within city?
31 East 30 Road – Great Bend KS

2 WATER WELL OWNER: Ms Janice Roughton – R&J Mini-Mart
RR#, St. Address, Box # : 4314 Trinity Dr.
City, State, ZIP Code : Shawnee, OK 74801

Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF COMPLETED WELL 25 ft. ELEVATION: 1849.33 (TOC)
Depth(s) Groundwater Encountered 1 19.10 ft. 2 ____ ft. 3 ____ ft.
WELL'S STATIC WATER LEVEL 18.53 ft. below land surface measured on mo/day/yr 11/01/06
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 8.25 in. to 25 ft. and ____ in. to ____ ft.
WELL WATER TO BE USED AS: 1 Domestic 3 Feed lot 5 Public water supply 6 Oil field water supply 7 Lawn and garden (domestic) 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below) 2 Irrigation 4 Industrial
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 Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)
CASING JOINTS: Glued ____ Clamped ____ Welded ____ Threaded Flush
Blank casing diameter 2 in. to 15 ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface Flushmount in., weight 0.703 lbs./ft. Wall thickness or gauge No. SCH. 40
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) ____ 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) ____ 11 None (open hole)
SCREEN-PERFORATED INTERVALS: From 15 ft. to 25 ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From 13 ft. to 25 ft. From ____ ft. to ____ 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 0.5 ft. to 13 ft. From ____ ft. to ____ ft. From ____ ft. 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) ____
Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	25		Clay, dark brown, silty			
	* This is a replacement well.					

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/yr) 11/01/06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 11/14/06 under the business name of Geotechnical Services Inc. by (signature) [signature]

INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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