

1 LOCATION OF WATER WELL: County: Barton		Fraction SW 1/4 SE 1/4 SW 1/4	Section Number 27	Township Number T 19 S	Range Number R 13 E <u>W</u>						
Distance and direction from nearest town or city street address of well if located within city? Approximately 310' east of the intersection of US HWY 56 and US 281 Bypass in Great Bend			Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 38.361778 Longitude: -98.750267 Elevation: Unknown Datum: NAD83 Data Collection Method: WAAS GPS Unit								
2 WATER WELL OWNER: Smoky Hill, LLC RR#, St. Address, Box # : 645 E. Crawford - Suite E1 City, State, ZIP Code : Salina, KS 67401											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E S <table border="1" style="margin: 10px auto; width: 100px; text-align: center;"><tr><td>--NW--</td><td>--NE--</td></tr><tr><td>--SW--</td><td>--SE--</td></tr><tr><td>x</td><td></td></tr></table>	--NW--	--NE--	--SW--	--SE--	x		4 DEPTH OF COMPLETED WELL 30 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 6.5 ft. below land surface measured on mo/day/yr _____ Pump test data: Well water was Not checked ft. after _____ hours pumping _____ gpm Est. Yield Unknown gpm: Well water was _____ 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 <u>9</u> Dewatering 12 Other (Specify below) _____ 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, mo/day/yr _____ Sample was submitted _____ Water well disinfected? Yes _____ No ☒				
	--NW--	--NE--									
--SW--	--SE--										
x											
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ <u>1</u> Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____ Welded ☒ 2 PVC 4 ABS 7 Fiberglass _____ Threaded _____ Blank casing diameter 16 in. to 5.5 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 6 in., weight 36.95 lbs./ft. Wall thickness or gauge No. .219 TYPE OF SCREEN OR PERFORATION MATERIAL: <u>1</u> Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) _____ 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) _____ SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) _____ 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut <u>10</u> Other (Specify) Bridge Slot SCREEN-PERFORATED INTERVALS: From 5.5 ft. to 29.5 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 0 ft. to 30 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.											
6 GROUT MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite <u>4</u> Other _____ None _____ Grout Intervals: From _____ ft. to _____ 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 10 Livestock pens 13 Insecticide Storage 16 Other (specify below) _____ <u>2</u> Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well _____ 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well _____ Direction from well? South How many feet? 10											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
0		1		Rock and clay							
1		7		Clay						Well was used for Dewatering. Permits by Smoky Hill, LLC	
7		27		Sand and gravel, medium, coarse						Work: Replace a deteriorated sewer line that collapsed due to rise in static water level. The top 7 feet of soil and the underlying sand and gravel was very loose and unstable.	
27		30		Clay, brown							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 9-27-07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 10-22-07 Under the business name of Clarke Well & Equipment, Inc. by (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.											