

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number	
County: Barton		NW $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$	34		T 19 S	R 13 W	

Distance and direction from nearest town or city street address of well if located within city?
40' S of Main, 4' W of Walnut – Great Bend

2 WATER WELL OWNER: **The Musket Corporation**
RR#, St. Address, Box # : **10601 N. Pennsylvania**
City, State, ZIP Code : **Oklahoma City, OK 73120**

Board of Agriculture, Division of Water Resources
Application Number:

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

		X	
NW		NE	
SW		SE	

S

1 Mile

W

E

S

4 DEPTH OF COMPLETED WELL **15** ft. **ELEVATION:** **1844.34 (TOC)**

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **9.13** ft. below TOC measured on mo/day/yr **03/04/08**

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 **15** ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feed lot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden (domestic)
		10 Monitoring well

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	3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	_____ Welded _____
Blank casing diameter 2 in. to 5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				Threaded Flush

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	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	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 5 ft. to 15 ft.	From _____ ft. to _____ ft.
From _____ ft. to _____ ft.	From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS:

From 4 ft. to 15 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 _____
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Grout Intervals From **2** ft. to **4** 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	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	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	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5		Gravel			
0.5	5		Clay, with fine sand and gravel, dark brown			
5	15		Sand, fine to coarse grained, some silt, brown			

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) **03/13/08** 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) **04/08/08** 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.