

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Barton	NE 1/4 NE 1/4 NW 1/4	36	19S	13W

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

335 East Barton County Road, Great Bend, KS

2 WATER WELL OWNER: Betty Matthews	Global Positioning System (decimal degrees, min. of 4 digits)
RR#, St. Address, Box #: RR 3	Latitude: _____
City, State, ZIP Code: Great Bend, KS 67530	Longitude: _____
	Elevation: _____
	Datum: _____
	Data Collection Method: _____

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 17.35 ft.											
	MW7											
	WELL'S STATIC WATER LEVEL _____ ft.											
	WELL WAS USED AS:											
	<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning
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4 Industrial	8 Air Conditioning	12 Other _____										
	Was a chemical/bacteriological sample submitted to Department? Yes ___ No X											

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

6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other Soil: 0-3'
Grout Plug Intervals: From 3 ft. to 17.35 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				

What is the nearest source of possible contamination:

- | | | | |
|--------------------------|-------------------|-------------------------|--------------------------------|
| 1 Septic tank | 6 Seepage pit | 11 Fuel storage | 16 Other (specify below) _____ |
| 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage | |
| 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage | |
| 4 Lateral lines | 9 Feedyard | 14 Abandoned water well | Direction from well? _____ |
| 5 Cess pool | 10 Livestock pens | 15 Oil well/Gas well | How many feet? _____ |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	Soil			
3	17.35	Bentonite			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **5/14/08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **757**. This Water Well Record was completed on (mo/day/year) **5/21/08** under the business name of **Larsen and Associates, Inc.** by (signature) _____

INSTRUCTIONS: Please fill in blanks 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. Visit us at <http://www.kdheks.gov/waterwell>.