

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																								
	County: <u>Barton</u>	<u>NE 1/4 NE 1/4 NE 1/4</u>	<u>33</u>		<u>19 S</u>		<u>13</u>	<u>W</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>2001 10TH ST. Great Bend</u>																																
2	WATER WELL OWNER: <u>Duane Bird - Bird Oil Co</u>																															
RR #, St. Address, Box #: <u>2001 10TH ST.</u>				Board of Agriculture, Division of Water Resources																												
City, State, ZIP Code: <u>Great Bend KS 67665</u>				Application Number: <u>NA</u>																												
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL <u>7</u> ft																												
N <table border="1" style="margin:auto"><tr><td></td><td></td><td></td></tr><tr><td>NW</td><td></td><td>NE</td></tr><tr><td></td><td></td><td></td></tr><tr><td>SW</td><td></td><td>SE</td></tr><tr><td></td><td></td><td></td></tr></table> S						NW		NE				SW		SE				WELL'S STATIC WATER LEVEL <u>dry</u> ft.														
			NW		NE																											
SW		SE																														
WELL WAS USED AS:																																
1 Domestic 5 Public Water Supply 9 Dewatering																																
2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well																																
3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well																																
4 Industrial 8 Air Conditioning 12 Other <u>DB-2</u>																																
Was a chemical / bacteriological sample submitted to Department? Yes ☐ No ☒																																
If yes, mo/day/yr sample was submitted _____																																
Water Well Disinfected: Yes ☐ No ☒																																
5	TYPE OF BLANK CASING USED:																															
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)																																
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile																																
Blank casing diameter <u>2</u> in. Was casing pulled? Yes ☒ No ☐ If yes, how much <u>7'</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>7</u> ft. to <u>1</u> ft., From <u>1</u> ft. to <u>0</u> ft., From _____ 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																																
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well																																
Direction from well? <u>N</u> How many feet? <u>120'</u>																																
<table border="1" style="width:100%"><thead><tr><th>FROM</th><th>TO</th><th>PLUGGING MATERIALS</th></tr></thead><tbody><tr><td><u>7</u></td><td><u>1</u></td><td><u>Bentonite chips</u></td></tr><tr><td><u>1</u></td><td><u>0</u></td><td><u>Soil + concrete pad.</u></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>									FROM	TO	PLUGGING MATERIALS	<u>7</u>	<u>1</u>	<u>Bentonite chips</u>	<u>1</u>	<u>0</u>	<u>Soil + concrete pad.</u>															
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>7-22-15</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>8-675</u> under the business name of <u>KDHE</u> This Water Well Record was completed on (mo/day/year) <u>8-6-15</u> by (signature) <u>Bill Thum</u>																															
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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.																																