

1 LOCATION OF WATER WELL:		Fraction SW ¼ SW ¼ SE ¼	Section Number 28	Township Number T 19 S	Range Number R 13 E/W
County: Barton Distance and direction from nearest town or city street address of well if located within city? <u>1102 Kansas Ave.</u>					
2 WATER WELL OWNER: Highway Oil Company					
RR#, St. Address, Box # : <u>1102 Kansas Ave.</u>		Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : <u>Great Bend, Kansas 67530</u>		Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL.....<u>15</u> ft. ELEVATION:			
N NW --- NE SW --- SE S W E		Depth(s) Groundwater Encountered 1.ft. 2.ft. 3.ft. WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr Pump test data: Well water wasft. after hours pumping gpm Est. Yield gpm: Well water wasft. after hours pumping gpm Bore Hole Diameter..... <u>8</u> .in. to <u>15</u>ft., and.....in. toft. WELL WATER TO BE USED AS: <u>5</u> Public water supply <u>8</u> Air conditioning <u>11</u> Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only <u>(10)</u> Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes.....No... <u>X</u> ; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes No <u>X</u>			
		5 TYPE OF BLANK CASING USED:			
		Blank casing diameter <u>2</u>in. to <u>5</u>ft., Diain. toft., Diain. toft. Casing height above land surface..... <u>0</u>in., weightlbs./ft. Wall thickness or gauge No. sch. <u>40</u>			
		TYPE OF SCREEN OR PERFORATION MATERIAL:			
SCREEN OR PERFORATION OPENINGS ARE:		SCREEN-PERFORATED INTERVALS:			
GRAVEL PACK INTERVALS:		GROUT MATERIAL:			
What is the nearest source of possible contamination:		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.5	Topsoil			
.5	3	Silt, brown, dry (fill)			
3	7	Sand, brown, silty, mostly fine grained, some medium to coarse, dry			
7	15	Sand, brown, medium to coarse grained with gravel, subrounded, moderate sort, wet at 9 feet			
Mw9 - Flushmount					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>12-29-94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> This Water Well Record was completed on (mo/day/yr) <u>1-20-95</u> under the business name of <u>GebCore Services, Inc.</u> by (signature) <u>[Signature]</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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.