

[1] LOCATION OF WATER WELL:		Fraction	Township Number	Range Number	
County: Barton	NE ¼ NW ¼ NE ¼	36	T 19 S	R 14 E/W	
Distance and direction from nearest town or city street address of well if located within city? 410' FNL, 900' FWL					
[2] WATER WELL OWNER: Plating, Inc					
RR#, St. Address, Box # : 8801 W. 6th, West Port Addition		Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : Great Bend, Kansas 67530		Application Number:			
[3] LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		[4] DEPTH OF COMPLETED WELL 60 . . . ft. ELEVATION: 999			
A diagram of a section box divided into four quadrants by dashed lines. The quadrants are labeled NW, NE, SW, and SE. An 'X' is drawn at the intersection of two diagonal dashed lines running from corner to corner.		Depth(s) Groundwater Encountered 1. 999 . . . ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL . . . 999 . . . ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was . . NA . . ft. after . . . hours pumping . . gpm			
		Est. Yield . . NA . . gpm; Well water was . . ft. after . . hours pumping . . gpm			
		Bore Hole Diameter . . . 13 . . in. to . . 37.5 . . ft., and . . 8 . . in. to . . 63 . . ft.			
		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 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 Lawn and garden only (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 ✓			
[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	
		7 Fiberglass		Threaded. ✓	
Blank casing diameter 9 Steel in. to . . . 37.5 . . ft., Dia . . . 2 PVC in. to . . 45 . . ft., Dia . . . in. to . . . ft.					
Casing height above land surface 0 . . . in., weight . . . lbs./ft. Wall thickness or gauge No. . . Sch.. 40					
TYPE OF SCREEN OR PERFORATION MATERIAL					
1 Steel 3 Stainless steel 5 Fiberglass (7) PVC		10 Asbestos-cement			
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS		11 Other (specify)			
		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 . . . 45 . . ft. to . . 60 . . ft., From . . . ft. to . . . ft.					
From . . . ft. to . . . ft., From . . . ft. to . . . ft.					
GRAVEL PACK INTERVALS: From . . . 41 . . ft. to . . 63 . . 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					
Grout Intervals: From . . . 0 . . ft. to . . 20 . . ft., From . . 20 . . ft. to . . 41 . . 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	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Clay, Dark Brown			
3	6	Sand, Tan			
6	34.5	Sand, Tan			
34.5	44	Clay, Yellow			
44	63	Gravel, Tan			
					MW23 , Flushmount
					Project Name: Plating, Inc.
					GeoCore # 122 , Kejr Science Group # 94-012A
[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/year) 1/31/97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 2/18/97 under the business name of GeoCore Services, Inc. by (signature) [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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					