

1 LOCATION OF WATER WELL: County: Barton		Fraction NE 1/4 SE 1/4 NE 1/4		Section Number 28	Township Number T 19 S		Range Number R 14W E/W																															
Distance and direction from nearest town or city street address of well if located within city? 3W of Great Bend, Ks																																						
2 WATER WELL OWNER: Utili Corp. Power Services RR#, St. Address, Box #: P. O. Box 170 City, State, ZIP Code: Great Bend, Ks. 67530 Board of Agriculture, Division of Water Resources Application Number:																																						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 			4 DEPTH OF COMPLETED WELL: 73 ft. ELEVATION: 3-17-97 Depth(s) Groundwater Encountered: 21 ft. 21 ft. 21 ft. 21 ft. WELL'S STATIC WATER LEVEL: 21 ft. below land surface measured on mo/day/yr 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 _____ in. to _____ ft. and _____ in. to _____ ft. WELL WATER WAS USED AS: 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) Cooling water for power plant 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 _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface _____ in. weight _____ lbs. ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 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 7 Torch cut 9 Drilled holes 12 Other (specify) N/A SCREEN-PERFORATED INTERVALS: From _____ N/A ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ N/A ft. to _____ ft. From _____ ft. to _____ ft.																																						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From _____ 16 ft. to _____ 8 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? _____																																						
<table border="1"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td></td><td></td><td></td><td>73</td><td>24</td><td>Sand and gravel</td></tr><tr><td></td><td></td><td></td><td>24</td><td>16</td><td>Top soil</td></tr><tr><td></td><td></td><td></td><td>16</td><td>8</td><td>Cement</td></tr><tr><td></td><td></td><td></td><td>8</td><td>0</td><td>Top soil</td></tr></tbody></table>									FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS				73	24	Sand and gravel				24	16	Top soil				16	8	Cement				8	0	Top soil
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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) 3-17-97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186 This Water Well Record was completed on (mo/day/yr) 3-18-97 under the business name of Kell's Water Well Service, Inc. by (signature) Kathryn L. Good																																						
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.																																						