

1	LOCATION OF WATER WELL:	Fraction <i>NW 1/4</i>	Section <i>16</i>	Township <i>19S</i>	Range <i>14W</i>	Number <i>E/W</i>
County: <i>Barton</i>						

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

7 miles N.W. of Great Bend KS

2	WATER WELL OWNER:	<i>Don Clarke</i>
RR #, St. Address, Box #:		<i>595 NW 30th Rd</i>
City, State, ZIP Code:		<i>Great Bend, KS 67530</i>
		Board of Agriculture, Division of Water Resources Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <i>70</i> ft.										
		WELL'S STATIC WATER LEVEL <i>40</i> ft. <i>30 ft of water in hole</i>											
		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 Well</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 Well	☐ 3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	☐ 4 Industrial
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Was a chemical / bacteriological sample submitted to Department? Yes No <i>X</i>													
If yes, mo/day/yr sample was submitted													
Water Well Disinfected: Yes <i>X</i> No <i>4002 of 5.7% Chlorine</i>													

5	TYPE OF BLANK CASING USED:													
<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td>☒ PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>					1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	☒ PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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Blank casing diameter <i>5</i> in. Was casing pulled? Yes No <i>X</i>														
Casing height above or below land surface <i>20</i> in. above. <i>Cut off 30" below at plug.</i>														

6	GROUT PLUG MATERIAL:	1 Neat cement	☒ 2 Cement grout	3 Bentonite	☒ 4 Other <i>gravel and clay soil</i>																				
Grout Plug Intervals: From <i>70</i> ft. to <i>40</i> ft., From <i>40</i> ft. to <i>6</i> ft., From <i>6</i> ft. to <i>2</i> ft.																									
What is the nearest source of possible contamination:																									
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Direction from well? <i>NE</i> How many feet? <i>400</i>																									

FROM	TO	PLUGGING MATERIALS
<i>70'</i>	<i>40'</i>	<i>Gravel</i>
<i>40'</i>	<i>6'</i>	<i>Clay Soil</i>
<i>6'</i>	<i>2'</i>	<i>Cement Grout</i>
<i>2'</i>	<i>0'</i>	<i>Backfilled Soil</i>

4.2 ft³ gravel
4.8 ft³ clay
0.6 ft³ cement

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <i>5/19/07</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) by (signature) <i>X</i> <i>[Signature]</i> Under the business name of
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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, 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.