

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>McPherson</b>		<b>NE ¼ NE ¼ NE ¼</b>		<b>30</b>		<b>T 19 S</b>		<b>R 4 E/W</b>	
Distance and direction from nearest town or city street address of well if located within city?						Lat. <b>38-22-31.334 N</b> Long. <b>97-47-45.687 W</b>			
2 WATER WELL OWNER: ONEOK									
RR#, St. Address, Box # : 661 Highway 56						Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : McPherson, KS 67460						Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL: <b>80</b> ft. ELEVATION: <b>1533.09</b>						
			Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.						
			WELL'S STATIC WATER LEVEL: <b>26.61</b> ft. below land surface measured on mo/day/yr <b>10/3/2013</b>						
			Pump test data: Well water was <b>NA</b> ft. after .... hours pumping .... gpm						
			Est. Yield <b>NA</b> gpm: Well water was .... ft. after .... hours pumping .... gpm						
			Bore Hole Diameter <b>11</b> in. to <b>31</b> ft., and <b>5.75</b> in. to <b>80</b> 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 <b>10</b> Monitoring well						
Was a chemical/bacteriological sample submitted to Department? Yes.....No <input checked="" type="checkbox"/>			If yes, mo/day/yr sample was submitted						
Water Well Disinfected? Yes      No <input checked="" type="checkbox"/>									
5 TYPE OF BLANK CASING USED:									
1 Steel      3 RMP (SR)			5 Wrought iron      8 Concrete tile			CASING JOINTS: Glued ..... Clamped .....			
<b>2</b> PVC      4 ABS			6 Asbestos-Cement      9 Other (specify below)			Welded .....			
7 Fiberglass						Threaded. <input checked="" type="checkbox"/>			
Blank casing diameter <b>6</b> in. to <b>31</b> ft., Dia <b>2</b> in. to <b>0-70</b> ft., Dia ..... in. to ..... ft.									
Casing height above land surface <b>31.32</b> in., weight ..... lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b>									
TYPE OF SCREEN OR PERFORATION MATERIAL									
1 Steel      3 Stainless steel      5 Fiberglass <b>7</b> PVC      10 Asbestos-cement									
2 Brass      4 Galvanized steel      6 Concrete tile      8 RMP (SR)      11 Other (specify) .....									
12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot <b>3</b> 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 <b>70</b> ft. to <b>80</b> ft., From ..... ft. to ..... ft.									
GRAVEL PACK INTERVALS: From <b>68</b> ft. to <b>80</b> ft., From ..... ft. to ..... ft.									
6 GROUT MATERIAL: 1 Neat cement <b>2</b> Cement grout <b>3</b> Bentonite <b>4</b> Other Concrete									
Grout Intervals: From <b>0</b> ft. to <b>0.5</b> ft., From <b>0.5</b> ft. to <b>60</b> ft., From <b>66</b> ft. to <b>68</b> 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 <b>16</b> Other (specify below)									
			<b>Brine pond</b>						
Direction from well? <b>W</b>									
How many feet? <b>50</b>									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1)</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>9/11/2013</b> and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No. <b>527</b> This Water Well Record was completed on (mo/day/yr) <b>9/30/13</b>									
under the business name of <b>GeoCore, Inc.</b> by (signature) <i>[Signature]</i>									
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.									

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