

1) LOCATION OF WATER WELL: County: <u>Barton</u>		Fraction <u>NW 1/4 NE 1/4 NE 1/4</u>	Section Number <u>14</u>	Township Number <u>T 20 S</u>	Range Number <u>R 12 E/W</u>																																																																		
Distance and direction from nearest town or city street address of well if located within city? <u>2 1/8 south 1 1/8 west of Allinwood</u>																																																																							
2) WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :		<u>Bill Buckbee Allen Drilling</u> <u>Ellinwood, Ks. Box 1389</u> <u>Great Bend, Ks.</u>		Board of Agriculture, Division of Water Resources Application Number: <u>184-759</u>																																																																			
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4) DEPTH OF COMPLETED WELL: <u>60</u> ft. ELEVATION: _____ ft. Depth(s) Groundwater Encountered <u>1</u> ft. <u>11</u> ft. <u>15</u> ft. <u>10-18-84</u> WELL'S STATIC WATER LEVEL _____ 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 <u>10</u> in. to <u>60</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <u>5</u> Public water supply <u>8</u> Air conditioning <u>11</u> Injection well <u>1</u> Domestic <u>3</u> Feedlot <u>6</u> Oil field water supply <u>9</u> Dewatering <u>12</u> Other (Specify below) <u>2</u> Irrigation <u>4</u> Industrial <u>7</u> Lawn and garden only <u>10</u> Observation 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 <u>hth</u> No																																																																					
5) TYPE OF BLANK CASING USED: <u>1</u> Steel <u>3</u> RMP (SR) <u>2</u> PVC <u>4</u> ABS Blank casing diameter <u>5</u> in. to <u>40</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>258</u> TYPE OF SCREEN OR PERFORATION MATERIAL: <u>1</u> Steel <u>3</u> Stainless steel <u>5</u> Fiberglass <u>7</u> PVC <u>10</u> Asbestos-cement <u>2</u> Brass <u>4</u> Galvanized steel <u>6</u> Concrete tile <u>8</u> RMP (SR) <u>11</u> Other (specify) _____ <u>9</u> ABS <u>12</u> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <u>1</u> Continuous slot <u>3</u> Mill slot <u>5</u> Gauzed wrapped <u>8</u> Saw cut <u>11</u> None (open hole) <u>2</u> Louvered shutter <u>4</u> Key punched <u>6</u> Wire wrapped <u>9</u> Drilled holes <u>7</u> Torch cut <u>10</u> Other (specify) _____ SCREEN-PERFORATED INTERVALS: From <u>40</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																							
6) GROUT MATERIAL: <u>1</u> Neat cement <u>2</u> Cement grout <u>3</u> Bentonite <u>4</u> Other _____ Grout Intervals: From <u>0</u> ft. to <u>10</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <u>1</u> Septic tank <u>4</u> Lateral lines <u>7</u> Pit privy <u>10</u> Livestock pens <u>14</u> Abandoned water well <u>2</u> Sewer lines <u>5</u> Cess pool <u>8</u> Sewage lagoon <u>11</u> Fuel storage <u>15</u> Oil well/Gas well <u>3</u> Watertight sewer lines <u>6</u> Seepage pit <u>9</u> Feedyard <u>12</u> Fertilizer storage <u>16</u> Other (specify below) _____ <u>13</u> Insecticide storage <u>no de</u> Direction from well? _____ How many feet? _____																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>5</td> <td>Sandy top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>11</td> <td>Tan sandy clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>11</td> <td>17</td> <td>Sand and gravel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>17</td> <td>19</td> <td>Tan clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>19</td> <td>31</td> <td>Sand and gravel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>31</td> <td>35</td> <td>Tan clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>35</td> <td>42</td> <td>Sand and gravel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>42</td> <td>47</td> <td>Tan clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>47</td> <td>63</td> <td>Sand and gravel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>63</td> <td>65</td> <td>Tan clay</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	0	5	Sandy top soil				5	11	Tan sandy clay				11	17	Sand and gravel				17	19	Tan clay				19	31	Sand and gravel				31	35	Tan clay				35	42	Sand and gravel				42	47	Tan clay				47	63	Sand and gravel				63	65	Tan clay			
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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) <u>10-18-84</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>134</u> . This Water Well Record was completed on (mo/day/yr) <u>11-29-84</u> under the business name of <u>Rosenkrantz-Boris</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.																																																																							