

|                           |        |          |     |    |                |    |                 |    |   |              |   |   |    |                |
|---------------------------|--------|----------|-----|----|----------------|----|-----------------|----|---|--------------|---|---|----|----------------|
| 1 LOCATION OF WATER WELL: |        | Fraction |     |    | Section Number |    | Township Number |    |   | Range Number |   |   |    |                |
| County:                   | Barton | NE       | 1/4 | NE | 1/4            | NW | 1/4             | 20 | T | 20           | S | R | 12 | <del>E</del> W |

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

Approx. 3 miles South and 4¼ miles east of Great Bend, KS

|   |                           |                      |                                                   |
|---|---------------------------|----------------------|---------------------------------------------------|
| 2 | WATER WELL OWNER:         | Joe Hadda            |                                                   |
|   | RR#, St. Address, Box # : | 1810 Hubbard         | Board of Agriculture, Division of Water Resources |
|   | City, State, ZIP Code :   | Great Bend, KS 67530 | Application Number: Not Required                  |

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL..... 68 ..... ft. ELEVATION: ..... unknown

Depth(s) Groundwater Encountered 1..... 34 ..... ft. 2..... ..... ft. 3..... ..... ft.

WELL'S STATIC WATER LEVEL ..... 34 ..... ft. below land surface measured on mo/day/yr ..... 9/25/81

Pump test data: Well water was not ck'd ..... ft. after ..... hours pumping ..... gpm

Est. Yield unknown gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

Bore Hole Diameter... 9 ..... in. to ... 68 ..... ft., and..... ..... in. to ..... 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 |
| 2 Irrigation          | 4 Industrial       | 7 Lawn and garden only   |
|                       |                    | 10 Observation well      |

Was a chemical/bacteriological sample submitted to Department? Yes.....No.....X.; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes X No

|                                                                                                                                                |                    |                                                                                                                |                          |                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------|
| 5] TYPE OF BLANK CASING USED:                                                                                                                  |                    | 3 Wrought iron                                                                                                 | 8 Concrete tile          | CASING JOINTS: <u>Glued</u> <u>XX</u> Clamped |
| 1 Steel                                                                                                                                        | 3 <u>RMP (SR)</u>  | 6 Asbestos-Cement                                                                                              | 9 Other (specify below)  | Welded                                        |
| 2 PVC                                                                                                                                          | 4 <u>ABS</u>       | 7 Fiberglass                                                                                                   |                          | Threaded                                      |
| Blank casing diameter . . . . . 5 . . . . in. to . . . . 5.8 . . . . ft., Dia . . . . in. to . . . . ft., Dia . . . . in. to . . . . ft.       |                    |                                                                                                                |                          |                                               |
| Casing height above land surface . . . . . 12 . . . . in., weight . . . . 1.5 . . . . lbs./ft. Wall thickness or gauge No. . . . . 200 . . . . |                    |                                                                                                                |                          |                                               |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                        |                    | 7 PVC                                                                                                          | 10 Asbestos-cement       |                                               |
| 1 Steel                                                                                                                                        | 3 Stainless steel  | 8 <u>RMP (SR)</u>                                                                                              | 11 Other (specify)       |                                               |
| 2 Brass                                                                                                                                        | 4 Galvanized steel | 9 <u>ABS</u>                                                                                                   | 12 None used (open hole) |                                               |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                            |                    | 5 Gauzed wrapped                                                                                               | 8 Saw cut                | 11 None (open hole)                           |
| 1 Continuous slot                                                                                                                              | 3 Mill slot        | 6 Wire wrapped                                                                                                 | 9 <u>Drilled holes</u>   |                                               |
| 2 Louvered shutter                                                                                                                             | 4 Key punched      | 7 Torch cut                                                                                                    | 10 Other (specify)       |                                               |
| SCREEN-PERFORATED INTERVALS:                                                                                                                   |                    | From . . . . . 5.8 . . . . ft. to . . . . 6.8 . . . . ft., From . . . . ft. to . . . . ft.                     |                          |                                               |
|                                                                                                                                                |                    | From . . . . . ft. to . . . . ft., From . . . . ft. to . . . . ft.                                             |                          |                                               |
| GRAVEL PACK INTERVALS:                                                                                                                         |                    | From . . . . . 4.5 . . . . ft. to . . . . 6.8 . . . . ft., From . . . . ft. to . . . . ft.                     |                          |                                               |
| ANNULAR FILL                                                                                                                                   |                    | From . . . . . 25 . . . . ft. to . . . . 45 . . . . ft., From . . . . 10 . . . . ft. to . . . . 21 . . . . ft. |                          |                                               |

|                                                       |                 |                      |                        |                          |                         |
|-------------------------------------------------------|-----------------|----------------------|------------------------|--------------------------|-------------------------|
| 6] GROUT MATERIAL:                                    |                 | 1 Neat cement        | 2 Cement grout         | 3 Bentonite              | 4 Other                 |
| Grout Intervals:                                      |                 | From 0 ft. to 10 ft. | From 21 ft. to 25 ft.  | From ft. to ft.          |                         |
| What is the nearest source of possible contamination: |                 |                      |                        | 10 Livestock pens        | 14 Abandoned water well |
| 1 Septic tank                                         | 4 Lateral lines | 7 Pit privy          | 11 Fuel storage        | 15 Oil well/Gas well     |                         |
| 2 Sewer lines                                         | 5 Cess pool     | 8 Sewage lagoon      | 12 Fertilizer storage  | 16 Other (specify below) |                         |
| 3 Watertight sewer lines                              | 6 Seepage pit   | 9 Feedyard           | 13 Insecticide storage | PASTURE LAND             |                         |
| Direction from well? all                              |                 |                      | How many feet?         |                          |                         |

[illegible]

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) . . . . 9-25-81 . . . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . . 185 . . . . . This Water Well Record was completed on (mo/day/yr) . . . . . 10-19-81 . . . . . under the business name of CLARKE WELL & EQUIPMENT, INC. . . . . by (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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.