

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Barton		1/4 NC 1/4 NW 1/4		2		T 20 S		R 13 EW	
Distance and direction from nearest town or city street address of well if located within city?									
Approximately 1 mile southeast of Great Bend									
2 WATER WELL OWNER:		Donald Kirkman							
RR#, St. Address, Box #		1909 Lincoln							
City, State, ZIP Code		Great Bend, KS 67530							
		Board of Agriculture, Division of Water Resources Application Number: 5,145							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF COMPLETED WELL: 120 ft. ELEVATION: unknown					
				Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.					
				WELL'S STATIC WATER LEVEL 9 ft. below land surface measured on mo/day/yr 3-17-97					
				Pump test data: Well water was not ch'd ft. after _____ hours pumping _____ gpm					
				Est. Yield unknown gpm: Well water was _____ ft. after _____ hours pumping _____ gpm					
				Bore Hole Diameter 24 in. to 120 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 9 Dewatering 12 Other (Specify below)					
				2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well					
				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 _____									
Blank casing diameter 16 in. to 59 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface 12 in. weight 16.15 lbs. ft. Wall thickness or gauge No. 500									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 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 6 Wire wrapped 9 Drilled holes									
7 Torch cut 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From 59 ft. to 119 ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 25 ft. to 120 ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete pad									
Grout Intervals: From 3 ft. to 25 ft. From _____ ft. to _____ ft. From 0 ft. to 3 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 None known									
Direction from well? How many feet?									
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
0 3 Topsoil									
3 6 Clay									
6 21 Sand and gravel, fine, medium, coarse									
21 23 Clay, green									
23 35 Clay, brown									
35 49 Clay, black									
49 54 Sand and gravel, fine, medium									
54 70 Sand and gravel, fine, medium, coarse									
70 100 Sand and gravel, fine, medium									
100 120 Sand and gravel, fine, medium, coarse									
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. 185 This Water Well Record was completed on (mo/day/yr) 3-27-97 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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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SEC.

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