

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Barton	SW 1/4 SW 1/4 SE 1/4	4	20S	13W

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

1.5 miles south of the south city limits of Great Bend, KS

2	WATER WELL OWNER:	Kansas Dept. of Transportation	
	RR#, St. Address, Box #:	700 SW Harrison	
	City, State, ZIP Code :	Topeka, KS	Board of Agriculture, Division of Water Resources Application Number: N/A

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL.....ft. 17.0 ft.																																											
N <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>N W</td> <td></td> <td>N E</td> </tr> <tr> <td>W</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>S W</td> <td></td> <td>S E</td> </tr> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> S							N W		N E	W									S W		S E			X										WELL'S STATIC WATER LEVEL.....ft. N/A WELL WAS USED AS: 10 (Monitor Well #3) <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 Lawn and Garden Only</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other.....</td> </tr> </table> 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>X</u> No.....	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....
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5	TYPE OF BLANK CASING USED: 2 (PVC)										
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	Blank casing diameter. <u>2.5</u>in. Was casing pulled? Yes..... No. <u>X</u> .. If yes, how much.....										
	Casing height above or below land surface.....in. <u>3</u> ft. below ground surface.										

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other.....																				
	Grout Plug Intervals: From... <u>3</u> ft. to... <u>12</u> ft., From.....ft. toft., From..... to.....ft.																				
	What is the nearest source of possible contamination: 1 (septic tank)																				
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	Direction from well? <u>northeast</u> How many feet? <u>180</u> ft.....																				

FROM	TO	PLUGGING MATERIALS
3	12	bentonite grout
12	17	chlorinated sand

Casing cut off 3' below ground surf.

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>11/13/2008</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>N/A</u> This Water Well Record was completed on (mo/day/year) <u>11/13/2008</u> under the business name of <u>Kansas Dept. of Transportation</u> by (signature) <u>Kevin Adams</u>
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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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.