

1 LOCATION OF WATER WELL: County: Barton	Fraction NE ¼ NE ¼ NE ¼	Section Number 3	Township Number T 20 S	Range Number R 14 E/W
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Distance and direction from nearest town or city street address of well if located within city?

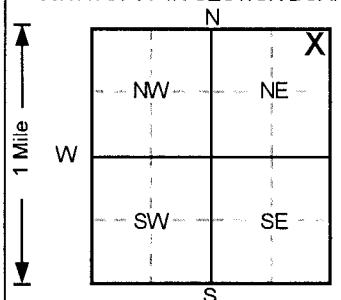
8801 S. 6th Street - Great Bend2 WATER WELL OWNER: **Plating Inc.**RR#, St. Address, Box # : **Westport Addition 8801 6th St.**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : **Great Bend, Kansas 67530**

Application Number:

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

4 DEPTH OF COMPLETED WELL **28.5** ft. ELEVATION:Depth(s) Groundwater Encountered 1. **11** ft. 2. ft. 3. ft.WELL'S STATIC WATER LEVEL **0** ft. below land surface measured on mo/day/yr

Pump test data: Well water was ft. after hours pumping gpm

Est. Yield **NA** gpm: Well water was ft. after hours pumping gpmBore Hole Diameter **8** in. to **28.5** 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) WeldedBlank casing diameter **2** in. to **12** ft., Dia in. to ft., Dia in. to ft.Casing height above land surface **0** in., weight lbs./ft. Wall thickness or gauge No. **Sch. 40**

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 11 Other (specify)

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 Drilled holes

2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)

SCREEN-PERFORATED INTERVALS: From **12** ft. to **27** ft., From ft. to ft.

From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **10** ft. to **27** ft., From ft. to ft.

From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement **2** Cement grout **3** Bentonite 4 OtherGrout Intervals: From **0** ft. to **4** ft., From **4** ft. to **8** ft., From ft. to 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)Direction from well? How many feet? **0**

FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

0 **2** **Clay, Dark Gray, silty****2** **5.5** **Sand, Tan, fine grained, silty****5.5** **27** **Sand, Tan, med ium grained****27** **28.5** **Clay, Tan, plastic**

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.

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) **6/2/95** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **6/7/95** under the business name of **GeoCore Services, Inc.** by (signature) *Dale Robt*

MW14, Tag # , Flush Mount

Project Name: Hopkins-Chrome

GeoCore # 122 , #