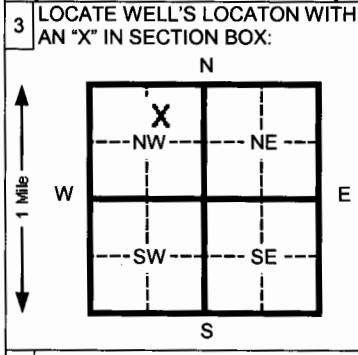


1 LOCATION OF WATER WELL:	Fraction SW $\frac{1}{4}$ NE $\frac{1}{4}$ NW $\frac{1}{4}$	Section Number 21	Township Number T 27 S	Range Number R 18 EW
County: Neosho				

Distance and direction from nearest town or city street address of well if located within city?
421 Pine Street, Chanute, Kansas

2 WATER WELL OWNER: **Crescent Oil Company**
 RR#, St. Address, Box # : **1020 Sycamore Street** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Independence, Kansas 67301** Application Number:



4 DEPTH OF COMPLETED WELL **18.0** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 **11.50** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **11.38** ft. below land surface measured on mo/day/yr **07/19/06**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **NA** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **8.5** in. to **18.0** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 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:

<input type="radio"/> 1 Steel	<input type="radio"/> 3 RMP (SR)	<input type="radio"/> 5 Wrought Iron	<input type="radio"/> 8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____	
<input checked="" type="radio"/> 2 PVC	<input type="radio"/> 4 ABS	<input type="radio"/> 6 Asbestos-Cement	<input type="radio"/> 9 Other (specify below) _____	Welded _____	
		<input type="radio"/> 7 Fiberglass		Threaded <input checked="" type="checkbox"/>	

Blank casing diameter **2.375** in. to **8.0** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **Flush Mount** in., weight _____ lbs./ft. Wall thickness or gauge No. **Schedule 40**
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 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 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **18.0** ft. to **8.0** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **18.0** ft. to **5.5** 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 Other _____
 Grout Intervals From **0.0** ft. to **1.5** ft. From **1.5** ft. to **5.5** 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) _____
 13 Insecticide storage
 Direction from well? **Southwest** How many feet? **255**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	0.5		Aggregate
0.5	10.0		Brown very silty clay, sandy, laminated, very firm, moist
10.0	13.5		Brown very silty clay, sandy, very firm, moist, very moist-wet @ 11.5', discolored gray-brown, very slight odor
13.5	18.0		Red brown very silty clay, sandy, very firm, very moist-wet, discolored gray-brown, very slight odor
Flush-mount well completion waiver existent for site.			

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/yr) **07/19/06** and this record is true to the best of my knowledge and belief, Kansas Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **07/26/06** under the business name of **Quad State Services, Inc.** by (signature)

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment/ Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.