

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Neosho	NW ¼ NW ¼ NW ¼	21	T 27 S	R 18 E

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

720 N. Santa Fe, Chanute

2 WATER WELL OWNER: **Chandler Oil Company c/o KDHE**

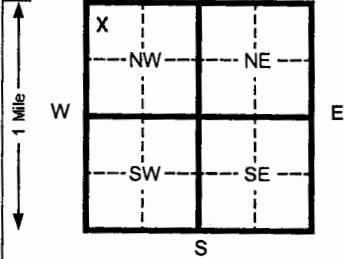
RR#, St. Address, Box # : **1000 SW Jackson St., Ste. 410**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : **Topeka, KS 66612**

Application Number:

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



4 DEPTH OF COMPLETED WELL

15 ft. ELEVATION: **931.55 (TOC)**

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

WELL'S STATIC WATER LEVEL **4.11** ft. below land surface measured on mo/day/yr **12/12/06**

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

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

Bore Hole Diameter **8.25** in. to **15** 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) **10 Monitoring well**

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED:

- 1 Steel 3 RMP (SR)
 2 **PVC** 4 ABS

- 5 Wrought Iron 8 Concrete tile
 6 Asbestos-Cement 9 Other (specify below) _____
 7 Fiberglass

- CASING JOINTS: Glued _____ Clamped _____
 Welded _____
Flush **Threaded**

Blank casing diameter **2** in. to **5** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **Flushmount** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

- 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
 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **5** ft. to **15** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **4** ft. to **15** 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 **1** ft. to **4** ft. From _____ ft. to _____ 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?

How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.3		Gravel			
0.3	1		Clay - brown			
1	15		Sandstone - yellow brown to gray			

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) **12/12/06** and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. **531**

This Water Well Record was completed on (mo/day/yr) **01/24/07**

under the business name of **Geotechnical Services Inc.** by (signature) *Danah G. Water*

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.