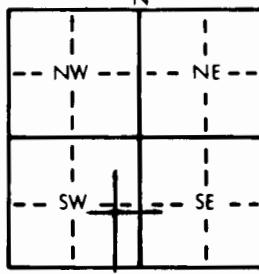
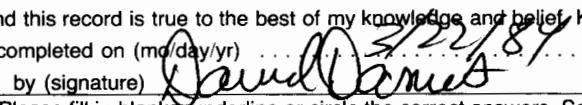


1 LOCATION OF WATER WELL:		Fraction 1/4      1/4      SW 1/4	Section Number 27	Township Number T 27 S	Range Number R 4 E/W		
Distance and direction from nearest town or city street address of well if located within city? <b>1500' south and 500' west of northwest corner of Second and Oak</b>							
2 WATER WELL OWNER: <b>Mobil Oil Corporation</b>			Board of Agriculture, Division of Water Resources Application Number:				
RR#, St. Address, Box # : <b>Second and Oak</b> City, State, ZIP Code : <b>Augusta, Kansas 67010</b>							
3 LOCATE WELL'S LOCATION WITH <b>4</b> DEPTH OF COMPLETED WELL... <b>25.5</b> ft. ELEVATION: <b>171' 6"</b> ft. below land surface measured on mo/day/yr <b>1-10-84</b>							
AN 'X' IN SECTION BOX: 							
Depth(s) Groundwater Encountered <b>117</b> ft. 2. ft. 3. ft.							
WELL'S STATIC WATER LEVEL <b>171' 6"</b> ft. below land surface measured on mo/day/yr <b>1-10-84</b>							
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 ..... <b>8</b> in. to <b>25.5</b> 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      90 Observation well							
Was a chemical/bacteriological sample submitted to Department? Yes.....No..... <b>X</b> ..... If yes, mo/day/yr sample was submitted							
Water Well Disinfected? Yes <b>No</b> <b>X</b>							
5 TYPE OF BLANK CASING USED: 5 Wrought iron      8 Concrete tile      CASING JOINTS: Glued <b>X</b> Clamped ..... 1 Steel      3 RMP (SR)      6 Asbestos-Cement      9 Other (specify below)      Welded ..... 0 PVC      4 ABS      7 Fiberglass      ..... Threaded .....							
Blank casing diameter ..... <b>4</b> in. to <b>25.5</b> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.							
Casing height above land surface ..... <b>24</b> in., weight ..... lbs./ft. Wall thickness or gauge No. Sch. <b>40</b> .....							
TYPE OF SCREEN OR PERFORATION MATERIAL: 0 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: 5 Gauzed wrapped      8 Saw cut      11 None (open hole) 1 Continuous slot      0 Mill slot      6 Wire wrapped      9 Drilled holes 2 Louvered shutter      4 Key punched      7 Torch cut      10 Other (specify) .....							
SCREEN-PERFORATED INTERVALS: From <b>14' 5"</b> ft. to <b>21.5</b> ft., From ..... ft. to ..... ft. .... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. .... ft.							
GRAVEL PACK INTERVALS: From <b>10</b> ft. to <b>25.5</b> ft., From ..... ft. to ..... ft. .... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. .... ft.							
6 GROUT MATERIAL: 1 Neat cement      0 Cement grout      3 Bentonite      4 Other ..... Grout Intervals: From ..... <b>0</b> ft. to ..... <b>10</b> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. .... 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?							
FROM	TO	LITHOLOGIC LOG		FROM	TO	LITHOLOGIC LOG	
0	3	<b>Black silt with some clay</b>					
3	11.5	<b>Gray, clayey silt</b>					
11.5	14	<b>Gray, silty clay</b>					
14	19.5	<b>Gray, clayey silt</b>					
19.5	25.5	<b>Light gray silt with some clay</b>					
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) <b>1-10-84</b> ..... and this record is true to the best of my knowledge and belief, Kansas							
Water Well Contractor's License No. <b>415</b> ..... This Water Well Record was completed on (mo/day/yr) <b>1-10-84</b> .....							
under the business name of <b>Daniels Drilling Company</b> 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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.							