

<b>1 LOCATION OF WATER WELL:</b> County: <u>Cowley</u>		Fraction SW 1/4 NE 1/4 SW 1/4	Section Number <u>32</u>	Township Number T <u>34</u> S	Range Number R <u>4</u> <u>EW</u>				
Distance and direction from nearest town or city street address of well if located within city?									
<b>2 WATER WELL OWNER:</b> <u>Total Petroleum, Inc.</u> RR#, St. Address, Box # : <u>1400 South M Street</u> City, State, ZIP Code : <u>Arkansas City, KS 67005</u> Board of Agriculture, Division of Water Resources Application Number:									
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>43</u> ft. <b>ELEVATION:</b> .....							
<div style="text-align: center;">N 1 Mile W E S</div> <table border="1" style="margin: auto; text-align: center; width: 150px; height: 150px;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>		NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft. WELL'S STATIC WATER LEVEL <u>14.2*</u> ft. below land surface measured on mo/day/yr <u>2/27/85</u> 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 .... in. to .... ft. and .... in. to .... ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning <u>11 Injection well</u> 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 Observation well Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes No			
		NW	NE						
		SW	SE						
		CASING JOINTS: Glued <u>X</u> Clamped .....							
		Welded .....							
Threaded .....									
<b>5 TYPE OF BLANK CASING USED:</b> 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Blank casing diameter <u>5</u> in. to .... ft. Dia. .... in. to .... ft. Dia. .... in. to .... ft. Casing height <u>Below</u> land surface <u>3</u> ft. weight .... lbs./ft. Wall thickness or gauge No. .... TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass <u>7 PVC</u> 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) ..... 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 .... ft. to .... ft. From .... ft. to .... ft. From .... ft. to .... ft. From .... ft. to .... ft. GRAVEL PACK INTERVALS: From .... ft. to .... ft. From .... ft. to .... ft. From .... ft. to .... ft. From .... ft. to .... ft.									
<b>6 GROUT MATERIAL:</b> <u>1 Neat cement</u> 2 Cement grout 3 Bentonite 4 Other .....		Grout Intervals: From <u>3</u> ft. to <u>43</u> 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 2 Sewer lines 5 Cess pool <u>8 Sewage lagoon</u> 3 Watertight sewer lines 6 Seepage pit 9 Feedyard Direction from well? <u>East</u>		10 Livestock pens 14 Abandoned water well 11 Fuel storage 15 Oil well/Gas well 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage How many feet? <u>50</u> ft.							
FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG							
0	8	Brown Silty Soil							
8	16	Brown Silt with Sand, Medium Sand (Gray)							
16	21	Gravel							
21	30	Coarse Sand and Gravel							
30	31	Clay Layer							
31	40	Coarse Sand & Gravel							
40	43	Bed Rock							
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5/19/85</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/yr) <u>6/11/85</u> under the business name of ..... by (signature) <u>[Signature]</u>									
INSTRUCTIONS: Use typewriter or ball point pen, <b>PLEASE PRESS FIRMLY</b> and <b>PRINT</b> 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.									