

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Cowley</b>		<b>SW</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$	<b>30</b>	T <b>34</b> S.	R <b>4</b> <b>EW</b>
Distance and direction from nearest town or city street address of well if located within city? <b>615 N. Summit, Arkansas City, Kansas</b>					
2 WATER WELL OWNER: <b>Mason Oil Company, Inc.</b>					
RR#, St. Address, Box # : <b>P.O. Box 648</b>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>Arkansas City, Kansas 67005</b>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>21.0</b> ft. ELEVATION: <b>1087.30 TOC</b>			
		Depth(s) Groundwater Encountered 1 <b>NA</b> ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL <b>16.36</b> ft. below land surface measured on mo/day/yr <b>11/06/04</b>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <b>NA</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <b>8.5</b> in. to <b>21.0</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 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 Lawn and garden (domestic) <b>10</b> 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 <b>X</b>			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought Iron	
<b>2</b> PVC		4 ABS		8 Concrete tile	
		7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____	
				Welded _____	
Blank casing diameter <b>2.375</b> in. to <b>11.0</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.				Threaded <b>X</b>	
Casing height above land surface <b>Flush Mount</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>Schedule 40</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		<b>7</b> PVC	
2 Brass		4 Galvanized steel		8 RMP (SR)	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		<b>3</b> Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				11 None (open hole)	
				9 Drilled holes	
				10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From <b>21.0</b> ft. to <b>11.0</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>21.0</b> ft. to <b>8.0</b> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement <b>2</b> Cement grout <b>3</b> Bentonite 4 Other _____					
Grout Intervals From <b>0.0</b> ft. to <b>2.0</b> ft. From <b>2.0</b> ft. to <b>8.0</b> 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		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage (former)	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below) _____	
Direction from well? <b>East-Southeast</b> How many feet? <b>20</b>					
FROM	TO	CODE	LITHOLOGIC LOG		
<b>0.0</b>	<b>5.0</b>		<b>Dark brown clayey silt-fine grained sand, aggregate, limestone fragments, loose, slightly-moist</b>		
<b>5.0</b>	<b>8.0</b>		<b>Gray very silty clay, mottled rust, very firm, moist</b>		
<b>8.0</b>	<b>12.0</b>		<b>Orange brown silty clay, mottled gray, slightly mottled black, trace limestone fragments, firm, moist</b>		
<b>12.0</b>	<b>17.0</b>		<b>Red brown clayey fine grained sand-silt, mottled black, friable, moist-very moist</b>		
<b>17.0</b>	<b>19.5</b>		<b>Orange brown silty clay, slightly sandy, slightly gravelly, iron oxides, firm, very moist</b>		
<b>19.5</b>	<b>21.0</b>		<b>Light brown-light gray shale, clayey I/P, calcareous, limestone fragments, hard</b>		
<b>21.0</b>			<b>Limestone</b>		
<b>RECEIVED</b>					
<b>NOV 29 2004</b>					
<b>BUREAU OF WATER</b>					
<b>Flush-mount well completion approved by Don Taylor, KDHE, BOW.</b>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>1</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>09/16/04</b> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <b>692</b>			This Water Well Record was completed on (mo/day/yr) <b>11/24/04</b>		
under the business name of <b>Quad State Services, Inc.</b>			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.					

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