

1) LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Cowley</u>		<u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	<u>31</u>	<u>T</u> <u>34</u> <u>S</u>	<u>R</u> <u>4</u> (<u>E/W</u>)
Distance and direction from nearest town or city street address of well if located within city? <u>150 feet North of the NW corner of Lincoln Ave. & Summit St.</u>					
2) WATER WELL OWNER: <u>Mason Oil Company</u>					
RR#, St. Address, Box # : <u>1709 S. Summit</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>Arkansas City, Kansas 67005</u>			Application Number:		
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4) DEPTH OF COMPLETED WELL: <u>18</u> ft. ELEVATION: _____			
<p>1 Mile W E N S</p>		Depth(s) Groundwater Encountered 1. <u>14</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>12-24</u> ft. below land surface measured on mo/day/yr _____			
		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 <u>7 5/8</u> in. to <u>18</u> 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 <u>(10)</u> Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No <u>X</u>			
5) TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
<u>(2)</u> PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
			7 Fiberglass		Threaded <u>X</u>
Blank casing diameter <u>2</u> in. to <u>8</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>0</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>sch. 40</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	<u>(7)</u> PVC	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) _____
				9 ABS	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		<u>(3)</u> 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 <u>8</u> ft. to <u>18</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>6</u> ft. to <u>18</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6) GROUT MATERIAL: 1 Neat cement <u>(2)</u> Cement grout <u>(3)</u> Bentonite 4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>4</u> ft., From <u>4</u> ft. to <u>6</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines	7 Pit privy	<u>(11)</u> Fuel storage	14 Abandoned water well
2 Sewer lines		5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	15 Oil well/Gas well
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	13 Insecticide storage	16 Other (specify below)
Direction from well? <u>Northwest</u>				How many feet? <u>200</u>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6"	Roadgrvl & f-c snd, prly srtd, subrnd-ang, v slty, dry			
6"	2	Cly, med brn, v slty, v sndy, v f-f grnd, sl med-c grns & grvl, damp			
2	6	Snd, v f-f grnd, well srtd, subrnd-subang, v slty, sl-med cly, mod brn, damp			
6	12	Snd, as above, but no cly & lt yell-brn clrd			
12	18	Snd, v f-med grnd, sl c grns, tr of grvl, prly srtd, subrnd-subang, moist			
MW9 - Flushmount Don Taylor					
7) CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10-18-94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> This Water Well Record was completed on (mo/day/yr) <u>10-24-94</u> under the business name of <u>GeoCore Services, Inc.</u> by (signature) <u>[Signature]</u>					

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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.