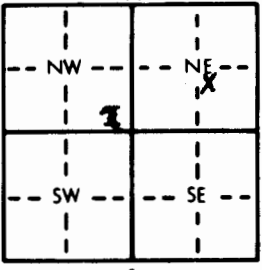


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Thomas</b>		<b>NW 1/4 SE 1/4 NE 1/4</b>	<b>34</b>	<b>T 10 S</b>	<b>R 31 E/W</b>
Distance and direction from nearest town or city street address of well if located within city? <b>4 East 1 North of Oakley KS</b>					
2 WATER WELL OWNER: <b>W. M. Meerian</b>		<b>Murfin Drilling</b>		Board of Agriculture, Division of Water Resources	
RR#, St. Address, Box #: <b>Oakley, Kansas 67748</b>		<b>Box 661</b>		Application Number: <b>T85-1084</b>	
City, State, ZIP Code: <b>Celby, Kansas 67701</b>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>110</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL ..... <b>11</b> ft. below land surface measured on mo/day/yr <b>12-13-85</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>9</b> in. to ..... <b>110</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 <u>Oil field water supply</u> 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 <b>X</b>			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <b>X</b> Clamped			
1 Steel 3 RMP (SR)		Welded			
2 PVC 4 ABS		Threaded			
Blank casing diameter ..... <b>5</b> in. to ..... <b>90</b> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.					
Casing height above land surface ..... <b>12</b> in., weight ..... <b>2.28</b> lbs./ft. Wall thickness or gauge No. <b>214</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC 10 Asbestos-cement			
1 Steel 3 Stainless steel 5 Fiberglass 8 <u>RMP (SR)</u> 11 Other (specify) .....					
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:		8 Saw cut 11 None (open hole)			
1 Continuous slot 3 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>90</b> ft. to ..... <b>110</b> ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From ..... <b>10</b> ft. to ..... <b>110</b> ft., From ..... ft. to ..... ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other .....					
Grout Intervals: From ..... <b>0</b> ft. to ..... <b>10</b> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well			
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 <u>Oil well/Gas well</u>					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage					
Direction from well? <b>East</b>		How many feet? <b>150</b>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Surface			
3	28	Med. Sand & Gravel			
28	29	Clay			
29	48	Med. Sand			
48	51	Clay			
51	53	Med. Sand			
53	75	Clay			
75	85	Med. Sand			
85	87	Clay			
87	88	Med. Sand			
88	90	Clay			
90	98	Med. Sand			
98	105	Clay			
105	110	Med. Sand			
110	120	Ochre			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... <b>12-13-85</b> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <b>394</b> ..... This Water Well Record was completed on (mo/day/yr) <b>4-25-86</b> ..... under the business name of <b>Woolter Pump &amp; Well</b> by (signature) <i>Walter Wool</i>					
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.					