

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Trego	SE ¼ NW ¼ NW ¼	16	T 12 S	R 23 EW

Distance and direction from nearest town or city street address of well if located within city?
I-70 & K-283 - Wakeeney, Kansas

2 WATER WELL OWNER: **The Service Oil Company**
 RR#, St. Address, Box # : **P.O. Box 446** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Colby, Kansas 67701** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: 98 ft ELEVATION: 2448.55
	Depth(s) Groundwater Encountered 1. 999 ft 2. _____ ft 3. _____ ft
	WELL'S STATIC WATER LEVEL 83.59 ft below land surface measured on mo/day/yr 7/11/97
	Pump test data: Well water was NA ft after _____ hours pumping _____ gpm
	Est. Yield NA gpm: Well water was _____ ft after _____ hours pumping _____ gpm
Bore Hole Diameter 8 in. to 98 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 10 Monitoring well	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> _____; If yes, mo/day/yr sample was submitted	
Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/> _____	

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded <input checked="" type="checkbox"/>

Blank casing diameter **2** in. to **70** ft, Dia _____ in. to _____ ft, Dia _____ in. to _____ ft

Casing height above land surface **4.8** in., weight _____ Sch **40** lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL

1 Steel	3 Stainless steel	5 Fiberglass	7 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	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 **70** ft to **95** ft, From _____ ft to _____ ft

GRAVEL PACK INTERVALS: From **69** ft to **98** ft, From _____ ft to _____ ft

6 GROUT MATERIAL: 1 Neat cement **2** Cement grout **3** Bentonite 4 Other _____

Grout Intervals: From **0** ft to **66** ft, From **66** ft to **69** ft, From _____ ft to _____ 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)
			13 Insecticide storage	Former UST Basin

Direction from well? _____ How many feet? **0**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Clay, Dark Brown			
4	17	Clay, Brown			
17	20	Clay, Light Brown			
20	26	Clay, Multi			
26	32	Sand, Light Brown			
32	40	Clay, Tan/White			
40	58	Sand, Multi			
58	61	Sand, Multi			
61	79	Sand, Multi			
79	98	Sand, Light Brown			
					MW15, Tag # 00194851, Flushmount
					Project Name: Travel Shoppe #1
					GeoCore # 211, KDHE # U6 098 850

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) **3/20/97** and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **7/14/97**

under the business name of **GeoCore Services, Inc.** by (signature) **Dale A. Rohl**

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: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

T

R

EW

SEC.

1/4

1/4

1/4