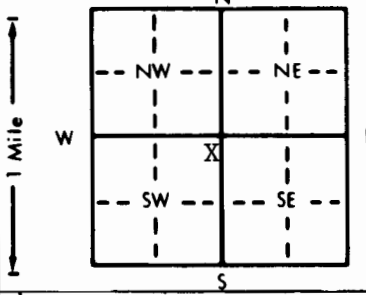


| | | | | | |
|---|------|--|---|-----------------|--------------------|
| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number |
| County: McPherson | | NE 1/4 NE 1/4 SW 1/4 | 29 | T 19 S | R 3 E/W |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | |
| 800 West Kansas, McPherson, Kansas | | | | 01948019 | MW-7 |
| 2 WATER WELL OWNER: Kerr-McGee Refining Corporation | | | | | |
| RR#, St. Address, Box # : P.O. Box 3367 | | | Board of Agriculture, Division of Water Resources | | |
| City, State, ZIP Code : Houston, Kansas 77253 | | | Application Number: | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL: 88.5 ft. ELEVATION: Approx. Surface Elev: 1489.27 | | | |
|  | | Depth(s) Groundwater Encountered 1. 78.5 ft. 2. ft. 3. ft. | | | |
| | | WELL'S STATIC WATER LEVEL 79.04 ft. below land surface measured on mo/day/yr 08/23/94 | | | |
| | | Pump test data: Well water was ft. after hours pumping gpm | | | |
| | | Est. Yield N/A gpm Well water was ft. after hours pumping gpm | | | |
| | | Bore Hole Diameter 8.25 in. to 88.5 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 X; If yes, mo/day/yr sample was submitted | | | | | |
| Water Well Disinfected? Yes No X | | | | | |
| 5 TYPE OF BLANK CASING USED: | | | | | |
| 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded | | | | | |
| 2 PVC 4 ABS 7 Fiberglass Threaded X | | | | | |
| Blank casing diameter 2 in. to 63.5 ft., Dia in. to ft., Dia in. to ft. | | | | | |
| Casing height above land surface -3 in., weight lbs./ft. Wall thickness or gauge No. Schedule 40 | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) | | | | | |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | |
| 1 Continuous slot 3 Mill slot 6 Wire wrapped 8 Saw cut 11 None (open hole) | | | | | |
| 2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes 10 Other (specify) | | | | | |
| SCREEN-PERFORATED INTERVALS: From 63.5 ft. to 88.5 ft., From ft. to ft. | | | | | |
| GRAVEL PACK INTERVALS: From 61.5 ft. to 88.5 ft., From ft. to ft. | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | |
| Grout Intervals: From 0 ft. to 59.5 ft., From 59.5 ft. to 61.5 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 UST | | | |
| Direction from well? How many feet? | | | | | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
| 0.0 | 0.5 | Concrete | | | |
| 0.5 | 8.0 | Silty Fat Clay; Dark Brown | | | |
| 8.0 | 13.0 | Silty Fat Clay, Trace Fine Sand; Tan to Brown | | | |
| 13.0 | 33.0 | Fine Sand With Clay; Tan | | | |
| 33.0 | 38.0 | Sandy Clay; Gray to Tan | | | |
| 38.0 | 48.0 | Fine Sand, Trace Silt & Clay; Tan | | | |
| 48.0 | 78.5 | Fine to Medium Sand; Tan | | | |
| 78.5 | 88.5 | Medium to Coarse Sand; Tan to White | | | |
| 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) 08/18/94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 416. This Water Well Record was completed on (mo/day/yr) 9/15/94 under the business name of Terracon Consultants, Inc. by (signature) | | | | | |
| 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. | | | | | |