

1 LOCATION OF WATER WELL: County: <b>McPherson</b>		Fraction <b>SE ¼ NW ¼ SE ¼</b>		Section Number <b>27</b>	Township Number <b>T 19 S</b>	Range Number <b>R 4 E/W</b>																																																																														
Distance and direction from nearest town or city street address of well if located within city? <b>~1970' N &amp; 1515' W of Kiowa &amp; 10th Ave.</b>																																																																																				
2 WATER WELL OWNER: <b>Williams Mid-Continent Fractionation &amp; Storage</b>																																																																																				
RR#, St. Address, Box # : <b>839 Kiowa Road</b>				Board of Agriculture, Division of Water Resources																																																																																
City, State, ZIP Code : <b>McPherson, Kansas 67460</b>				Application Number:																																																																																
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>136.5</b> ft. ELEVATION:																																																																																		
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL: <b>83.04</b> ft. below land surface measured on mo/day/yr <b>7/17/2013</b> Pump test data: Well water was <b>NA</b> ft. after _____ hours pumping _____ gpm Est. Yield <b>NA</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <b>6</b> in. to <b>139</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 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only <b>10 Monitoring well</b> 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 _____ <b>2 PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded <input checked="" type="checkbox"/> Blank casing diameter <b>2</b> in. to <b>126.5</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface <b>30</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>Sch. 80</b> TYPE OF SCREEN OR PERFORATION MATERIAL <b>7 PVC</b> 10 Asbestos-cement 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: 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot <b>3 Mill slot</b> 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From <b>126.5</b> ft. to <b>136.5</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <b>121</b> ft. to <b>136.5</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																																																				
6 GROUT MATERIAL: 1 Neat cement <b>2 Cement grout</b> <b>3 Bentonite</b> 4 Other _____																																																																																				
Grout Intervals: From <b>3</b> ft. to <b>115</b> ft. From <b>115</b> ft. to <b>121</b> ft. From <b>136.5</b> ft. to <b>139</b> 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) Direction from well? _____ How many feet? _____																																																																																				
<table border="1"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>14</td><td>Clay, Dark Brown to Dark Gray Brown</td><td></td><td></td><td></td></tr><tr><td>14</td><td>40</td><td>Clay, Yellow Brown mottled Rust</td><td></td><td></td><td></td></tr><tr><td>40</td><td>59</td><td>Clay, Yellow Brown</td><td></td><td></td><td></td></tr><tr><td>59</td><td>62</td><td>Sand, vf-m, Lt. Brown</td><td></td><td></td><td></td></tr><tr><td>62</td><td>70</td><td>Sand, vf-c w/f gravel, Lt. Brown</td><td></td><td></td><td></td></tr><tr><td>70</td><td>75</td><td>Sand, vf-c, Lt. Brown</td><td></td><td></td><td></td></tr><tr><td>75</td><td>90</td><td>Sand, vf-c w/f gravel, Lt. Brown</td><td></td><td></td><td></td></tr><tr><td>90</td><td>100</td><td>Sand vf-c w/f-m gravel, Lt. Brown</td><td></td><td></td><td></td></tr><tr><td>100</td><td>115</td><td>Sand, vf-c w/f gravel,</td><td></td><td></td><td></td></tr><tr><td>115</td><td>137</td><td>Sand, m-c w/f gravel, Lt. Gray</td><td></td><td></td><td></td></tr><tr><td>137</td><td>139</td><td>Shale, Lt. Gray</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>CUE 13-16D, Abovegrade</td></tr></tbody></table>							FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	14	Clay, Dark Brown to Dark Gray Brown				14	40	Clay, Yellow Brown mottled Rust				40	59	Clay, Yellow Brown				59	62	Sand, vf-m, Lt. Brown				62	70	Sand, vf-c w/f gravel, Lt. Brown				70	75	Sand, vf-c, Lt. Brown				75	90	Sand, vf-c w/f gravel, Lt. Brown				90	100	Sand vf-c w/f-m gravel, Lt. Brown				100	115	Sand, vf-c w/f gravel,				115	137	Sand, m-c w/f gravel, Lt. Gray				137	139	Shale, Lt. Gray									CUE 13-16D, Abovegrade
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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/year) <b>7/10/2013</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>527</b> This Water Well Record was completed on (mo/day/yr) <b>7/22/2013</b> under the business name of <b>GeoCore, Inc.</b> by (signature) <i>Dale Holt</i>																																																																																				
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.																																																																																				